

501 SUMNER STREET, SUITE 621, HONOLULU, HAWAII 96817

Phone (808) 537-6937 or 1-800-745-5534 Fax (808) 537-6939 customercare@leis.net

DATE Rep:					CONFIDENTIAL CUSTOMER APPLICATION			
BUSINESS NAME				PHONE NUMBER	FAX NUMBER			
CONTACT NAME				EMAIL ADDRESS				
BIILLING ADDRESS				CITY STATE ZIP			ZID	
BILLING ADDRESS				CITT		STATE	ZIP	
SHIPPING ADDRESS				CITY		STATE	ZIP	
TYPE OF OWNERSHIP				# OF YEARS IN BUSINESS		<u> </u>	<u> </u>	
PROPRIETORSHIP PARTNERSHIP CORPORATION								
				HOME ADDRESS			PHONE #	
IF PARTNERSHIP, LIST PARTNERS				HOME ADDRESS			PHONE #	
1)				1)			1)	
2)			2)			2)		
IF CORPORATION, LIST OFFICERS				HOME ADDRESS			PHONE #	
VICE PRESIDENT:								
SECRETARY:								
TREASURER:								
BUYER(S): ACCOUNTS PAYABLE MANAGER:								
WE NOW HAVE OPEN ACCOUNT PRIVILEGES WITH (furnish names and complete addresses): FIRM NAME ADDRESS PHONE NUMBER FAX NUMBER								
1) ADDRESS			اً ا			ER FAX NUMBER		
2)								
3)								
BANK REFERENCES								
BANK NAME				BANK NAME ACCOUNT NO.		CONTACT OFFICER		
ADDRESS				ADDRESS				
CITY STATE		ZIP	CITY		STATE	ZIP		
BUSINESS CHECKING PERSONAL CHECKING SA\				BUSINESS CHECKING PERSONAL CHECKING SAVINGS			•	
CREDIT CARD # EXP DATE NAME AS ON CARD: I (we) agree that Trade West. Inc. may obtain credit information from the above parties in connection with its review of this request for credit. I (we) further agree that any credit extended by								
Trade West, Inc. shall be su A. Amounts due, as eviden B. Amounts not paid within of the overdue period. C. In the event that a deline	bject to the following term ced by Trade West, Inc. inv time stated above are deli quent account is placed in	ns and conditions: roices, are due and payable inquent, and shall incur into the hands of a licensed co	e 30 days from erest at the ra	date of invoice or date of delite of 1.5% per month (12% per torney for collection, or suit is		irst day	,	
FIRM SIGNATURE & TITLE								
				Must be completed)				
For corporations under 3 ye REQUIRE PERSONAL GUA		RE OFFICERS HAVING M		OCK OWNERSHIP NTY-MUST BE FILL	_ED IN			
	e full and prompt payment d further agree to pay all e	to TRADE WEST, INC. of al expenses, including legal ex		, Obligations or liabilities of sai	inafter called Debtor), the undid Debtor to TRADE WEST, INC. incurred by TRADE WEST, INC.	now Existing or her	eafter created or	
Guarantor			Address			Phone Number		
Guarantor CALES SERVICE INCORNATION				Address		Phone Number		
SALES SERVICE INFO DELIVERY HOURS	RMATION CALL FREQUENCY	PAY BY STMT OF	RINVOICE	# OF INVOICE COPIES	# OF INVOICE COPIES	PACKING S	LIP REQUIRED	
	<u> </u>	<u> </u>		<u> </u>		<u> </u>		
CREDIT DEPARTMENT		1			1			
CREDIT CARD	CREDIT LIMIT	CREDIT REFUSED	REASON	·	SIGNED		DATE	