

ITA

21800 OXNARD STREET, SUITE 420 WOODLAND HILLS, CA 91367

Tel: (800) 752-4741 / (818) 715-7080 Fax: (818) 715-7088

NEW ACCOUNT CREDIT APPLICATION

Date of Application:

Applicant Name:

Mailing Address:

City State Zip Code Tel: Fax:

Ship to Address: City State

Type Business (please check one):

Corporation Partnership Sole Proprietorship Federal Tax ID #

If Corporation, Date Incorporated: Incorporated under the laws of which state:

President: Tel: Fax:

Financial Officer: Tel: Fax:

Purchasing Manager: Tel: Fax:

Accounts Payable Manager: Tel: Fax:

BANK REFERENCE

Name Account No.

Address Contact Name

City State Zip Code Tel: Fax:

> We authorize the bank to release, to Itochu, information regarding our banking relationship. Initial: _____

TRADE CREDIT REFERENCES

Name Credit Line

Address Contact Name

City State Zip Code Tel: Fax:

Name Credit Line

Address Contact Name

City State Zip Code Tel: Fax:

Name Credit Line

Address Contact Name

City State Zip Code Tel: Fax:

Any information gathered from the above references will be used by Itochu solely for the purpose of extending trade credit.

The undersigned:

- * Warrants that the above information is true and correct.
- * Agrees that the payment of all invoices will be according to the terms established by Itochu and, understands that all amounts not paid by the due date are considered past due and delinquent and that Itochu may charge a finance or delinquency charge on any amount which becomes delinquent.
- * Agrees to be responsible for all outside agency and legal costs and fees associated with the collection of any delinquent balance.
- * Represents that, as of this date, the applicant is solvent, able to pay its debts as they become due, and has not filed any petition in bankruptcy or for reorganization under any bankruptcy law.

Signature _____	Signature _____
Name (Print) _____	Name (Print) _____
Title _____	Title _____
Date _____	Date _____

PLEASE ATTACH A COPY OF YOUR CURRENT FINANCIAL REPORT