

**Logisys Computers**  
1962 W. Holt Ave., Pomona, CA 91768

<b>Business Information</b>			
Business Legal Name	Type of Business	Time in Business	Federal ID#
dba/ aka			
Bill to Address			
City	State	Zip	
Phone ( )	Fax ( )	E-Mail	
Business Gross Annual Sales \$	Fiscal Year Ending	Number of Employees	D&B Number State of Incorporation
California Reseller Permit # (Required if CA is the State of Incorporation, <b>please attach a copy of this permit and fax to us</b> )			
Business Type <input type="checkbox"/> C-Corp <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Liability <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> S-Corp			

<b>Principal Information</b> (list all principals owning 20% or more, please attach additional sheets if necessary)			
Name (First, Middle, Last, Suffix)	Title	Date of Birth / /	Social Security # - -
Present Address (if different from business address) Include Apt# if applicable	Personal Net Worth \$	Home Phone Number ( )	
City	State	Zip	
Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	Gross Annual Income \$	% of Business Ownership %	Nearest Living Relative Nearest Relative's Phone ( )

Name (First, Middle, Last, Suffix)	Title	Date of Birth / /	Social Security # - -
Present Address (if different from business address) Include Apt# if applicable	Personal Net Worth \$	Home Phone Number ( )	
City	State	Zip	
Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	Gross Annual Income \$	% of Business Ownership %	Nearest Living Relative Nearest Relative's Phone ( )

The undersigned agrees that, if approved, this account shall be used only for the purchase of merchandise for commercial or business purposes, and not for personal, family or household purposes. In addition, the undersigned has the power and authority to enter into and perform this Agreement and to consummate transactions contemplated hereby. This application is submitted to obtain credit privileges and I/We (hereinafter "I" or "my") certify that all information herein is true and complete. The number shown on this form is the correct taxpayer identification number for the applicant and entity (or it is writing for a number to be issued). I authorize Logisys Computers Inc. to retain property on this application, to rely on the foregoing to check and verify personal and business credit and employment histories, to secure follow-up credit reports of same, to answer questions about my/our credit history, and to exchange information about this account with proper persons, distributor/ dealers, creditors, and credit bureaus. I authorize our Bank and other references listed to release and/or verify information to Logisys Computers at any time. I acknowledge that this application is subject to approval of credit and acceptance by Logisys Computers.

<b>SIGN</b>	Signature of Principal	Signature of Principal
	X _____ (Please Do Not Print) Individually Date	X _____ (Please Do Not Print) Individually Date
<b>BOTH (Required)</b>	Company's Complete Legal Name _____	
	By: X _____ Authorized Signature Title Date	

**Fax To: 909-525-9899 \* Ph# 909-525-9888**

## New Account Application Form (Continued)\*

<b>Banking Information</b> (Complete at least one)			
Name of Bank		Checking Account Number	
Address (Branch)		Since	
Phone (      )	Bank Officer's Name		

Name of Bank		Checking Account Number	
Address (Branch)		Since	
Phone (      )	Bank Officer's Name		

<b>Trade References</b>			
Supplier Name		Account Number	
Address			
City	State	Zip	Gross Annual Purchases \$
Phone (      )	Fax (      )	Contact	

Supplier Name		Account Number	
Address			
City	State	Zip	Gross Annual Purchases \$
Phone (      )	Fax (      )	Contact	

<b>Corporate Officers</b> , If Applicable	
Officer Name	Title Accounts Payable
Officer Name	Title
Officer Name	Title
Officer Name	Title

<b>Ship to Information</b> (Attach additional sheets if necessary)			
Store Name		State Resale Certificate Number	
Address			
City	State	Zip	
Phone (      )	Fax (      )	Contact	E-mail address

Store Name		State Resale Certificate Number	
Address			
City	State	Zip	
Phone (      )	Fax (      )	Contact	E-mail address

**Fax To: 909-525-9899\*Ph# 909-525-9888**

## New Account Application Form (Continued)\*

### RESELLER INFORMATION (CALIFORNIA CUSTOMER ONLY):

Firm Name
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I HEREBY CERTIFY that I hold valid Seller's Permit No.

Complete Permit Number
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Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

Products your company selling
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That the tangible personal property described herein which I shall purchase from Logisys Computers will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased	
Dated / /	Signature
At	By and Title
Phone ( ) -	Address

*Dear Customer: It is by law we have to keep this completed form if products sold to your company are nontaxable.*

**Fax To:909-525-9899\*Ph# 909-525-9888**

1962 W. Holt Avenue  
Pomona, CA 91768



Telephone: 909-525-9888  
Fax: 909-525-9899

## Credit Card Authorization Form

I authorize Logisys Computer to charge my credit card for purchases on computer parts and accessories. I understand that the charge reflected on my credit card statement will be in the name of "Logisys Computer, in the city of Pomona, CA" My authorized signature on this form will be valid for all future purchases from Logisys Computer Corp.

I understand that all information will be kept strictly confidential between Logisys Computer and me.

My Logisys Account Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize Logisys Computer to charge my credit card(s) list below for all purchases:

Credit Card Number 1: \_\_\_\_\_  
Card Number Expiration  
\_\_\_\_\_  
Card Holder Name Card Holder Signature Credit Card Billing Address

Credit Card Number 2: \_\_\_\_\_  
Card Number Expiration  
\_\_\_\_\_  
Card Holder Name Card Holder Signature Credit Card Billing Address

Credit Card Number 3: \_\_\_\_\_  
Card Number Expiration  
\_\_\_\_\_  
Card Holder Name Card Holder Signature Credit Card Billing Address

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Ship to Address 1: \_\_\_\_\_

Ship to Address 2: \_\_\_\_\_