RECONYX

APPLICATION FOR OPEN ACCOUNT

For new customers only.

Please complete and return with order.

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Name of Business: NATIONAL ADDI LE CUARE & LEC
Business Address: 1340 SECALTY ANDE SUITE H
City: UNIT State: Zip: 7208/
Date Established: 8/2005 Business Phone: 760-599-4410
경우 이번 교육은 "하는 이 100명 및 100명
Sales Tax ID # 100 - 62894 Home # Fax # 760-599-4440
Fed ID# 56-2622 E-Mail: SEAN @ NATIONAL POCICE GLACY- CO,
Type of Business: () Corporation () Partnership – Soc. Sec.#:
Limited Liability () Sole Proprietorship – Soc. Sec.#
Officers: Service Propries or Partnership Social Security Number required)
Officers: CEND ACTION / CONTROL /
Bank References:
Name of Financial Institution: J.A. MORGAN CHASE ANDIC
Address: 34/5 Taxw of Civitacty Part Stateto Mittelos, CA 90078
Phone # 760 - 744 - 4094 Fax # [NEWOWA]
Type of Account: CHECKING Account #: 187436863
그 그 그는 생활을 하고 있었다. 그는 그리고 생생하면 생물을 들었다고 있다는 그리고 그리고 생물을 하는 것을 모르는 것이 되었다고 있다.
Trade References: WE MUST HAVE A MINIMUM OF (3) VALID TRADE REFERENCES IN ORDER TO
PROCESS YOUR APPLICATION - FAX NUMBER MUST BE INCLUDED DOES MY BAY FAX
STAND CELEVED - MENNERMA ANY MONE
Company Name: STREW VEHT HEIC Contact: ATT MY STORT
Acct # 58/02 Address: 39 GLOVE FLOW GLOVE FIRE: HAZip: 0/930
Phone # 975 879 - 1050 Fax #: 105 - 316 -
Company Name: Kesel Oald Contact: PACKER BOWN
Address: STATA BAN VIEW TEAS NOCOCY Sale FRILY TWI MI 45215
Acct # _ 17778 DAN / PEUNI/ECT NOCOCY State FRANCY TWA MI 46215 Phone # _ 800 - 359 - 69/2 Fax #: _ 586 - 739 - 0600
Company Name: STEALICAND LTD Contact: ACEX COSSINS
Acct # WATER DATE OF THE ACCT # 100 PM ACCT # 200 PM
Address: 13286 INTERNATIONAL PARKON Frate: TACKED USEEF, FC 22218
Phone # 1-806 - 253 -6562 Fax #: Att. COCONCE CHANCAND. Co
This is to certify that all merchandise purchased by the undersigned from RECONYX, INC. is purchased for the purpose of resale. PLEASE
NOTE: Interest will be charged at the rate of 1.5% per month on any unpaid balance on all overdue accounts. Purchasers are liable for all costs
incurred by RECONYX, INC. in collection of delinquent accounts. I hereby authorize RECONYX, INC. to verify my bank account(s) as needed to process my credit application. I further authorize RECONYX, INC. to order a consumer credit report and verify other credit information,
including past and present. It is understood that a copy of this application will also serve as authorization to obtain said information. Said
information will be used in the processing of this credit application. These conditions are understood and agreed to.
SIGNED: DATE: 1/20/0000
Sound was
PRINT NAME: DATE:
DEDCONAL CHADANTEE.
PERSONAL GUARANTEE: I hereby agree to pay to the undersigned vendor all indebtedness not or hereafter owning by me to said company, whether individually,
partnership, or corporation. In consideration of said vendor extending credit to the above applicant, the undersigned does hereby
individually and personally guarantee the sum or sums of money as may at anytime hereafter become due from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills or open account. If it becomes necessary to enforce this
guarantee by suit, I agree to pay any and all accrued interest and attorney fees as allowed by law.
1/30/3000
SIGNED: DATE:
PRINT NAME: SEAN DETAILET DATE: