

**LEXTON INDUSTRIES, INC.**321 W. 135th St.  
Los Angeles, CA 90061**Mailing Address:**664-A Freeman Lane PMB # 308  
Grass Valley, CA 95949  
phone 323 284 2188 / toll free fax 1 866 281 8605  
email: servicedesk@lextonfans.com**CREDIT APPLICATION**

Dear Customer,

Thank you for your interest in Lexton Industries, Inc.

Please fill out this form completely, sign &amp; return to us as soon as possible. Allow 2 to 3 weeks for processing.

Your cooperation is very much appreciated.

Thank you.

Lexton Industries, Inc.

*\*More information will allow us to quickly process your application and also allow us to consider giving you a higher credit limit. Any and all information supplied will be held in the strictest confidence. Thank you.***please attach one business card here**(Please type or print) **ACCT #** \_\_\_\_\_**Company name (legal):** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_**Company name (DBA):** \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_**Address (no P.O. box):** \_\_\_\_\_**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_**Sales Tax Certificate No.** (if applicable): \_\_\_\_\_ (please send resale card with application)**Premises:** Space \_\_\_\_\_ sq.ft. **Since (date):** \_\_\_\_\_  Owned  Rented**Type of business:**  Distributor  Retailer  Manufacturer  Importer  Exporter**Form of Business:**  Proprietorship  Partnership  Limited Partnership  Corporation**Date Company started business:** \_\_\_\_\_ **State:** \_\_\_\_\_**Incorporated capital:** \$ \_\_\_\_\_**Former Business name, if different from above:** \_\_\_\_\_

If a subsidiary, please supply the following regarding parent office:

**Company name:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_**Address:** \_\_\_\_\_**Principals:** Is the president of the company also the owner?  Yes  No

Individuals authorized to approve purchases:

**Name:** \_\_\_\_\_**Title:** \_\_\_\_\_**Name:** \_\_\_\_\_**Title:** \_\_\_\_\_**Account Payable Contact****Name:** \_\_\_\_\_**Phone:** \_\_\_\_\_**Email:** \_\_\_\_\_

**Insurance carrier on inventory:** Fire Theft Other Incurred Amounts: \$ \_\_\_\_\_  
Sales volume during last fiscal year: \$ \_\_\_\_\_  
Year before last year: \$ \_\_\_\_\_

**Estimated purchases per month from Lexton Industries, Inc.** Highest: \$ \_\_\_\_\_  
Average: \$ \_\_\_\_\_

**Term required:**  2% 10 days, net 30  
 Company Check in Advance Credit limit request: \$ \_\_\_\_\_

**Bank References**

**AUTHORIZATION TO RELEASE BANK INFORMATION**

I, \_\_\_\_\_, authorize the bank to release any necessary information to Lexton Industries, Inc. for their confidential use in processing my credit application and establishing an open credit line.

**Account name, Name of business (print):** \_\_\_\_\_

**Bank name:** \_\_\_\_\_ **Account No:** \_\_\_\_\_  Savings  Checking

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date opened:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Title (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trade references (list the largest suppliers you have open accounts with):**

**1. Company** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_ **When account opened:** \_\_\_\_\_ **Current Limit:** \$ \_\_\_\_\_

**2. Company** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_ **When account opened:** \_\_\_\_\_ **Current Limit:** \$ \_\_\_\_\_

**3. Company** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_ **When account opened:** \_\_\_\_\_ **Current Limit:** \$ \_\_\_\_\_

The applicant hereby authorizes Lexton Industries, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility. In addition, the applicant agreed to pay reasonable additional collection cost and attorney's fee in the event of default.

**Signature: X** \_\_\_\_\_

**Title (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Must be by Owner, Partner, CEO, CFO, President, Director or Officer)*