



Member of China Liansu Group  
**LESSO AMERICA, INC.**  
 1010 Railroad Street, Corona, CA 92882  
 Tel: (951) 547.6888 Fax: (951) 547.6886  
 www.lessoamerica.com

**Customer Agreement and Credit Application**

<b>Sales Representative</b> _____	<b>Date</b> _____	<b>Customer ID</b> _____
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**Instructions:** Please print or type. Fill in all spaces and complete by signing where indicated. If a corporation, an authorized officer must sign. If a partnership, this application must be signed by all partners.

**Business Name:** \_\_\_\_\_ **Operating Since** \_\_\_\_\_

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

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

<b>Main Contact:</b>	<b>Additional Contact:</b>	<b>P.O. Required:</b> (Please check) <input type="checkbox"/> Yes  <input type="checkbox"/> No
Tel / Cell	Tel / Cell	
Email / Fax	Email / Fax	

Federal ID#: \_\_\_\_\_ Seller's Permit # \_\_\_\_\_

State Corp Registration # \_\_\_\_\_

Credit limit requested \_\_\_\_\_

Payment terms requested \_\_\_\_\_

**Business Structure: (Please Check)**

Corporation

Partnership

Sole Proprietor

<b>President</b>	<b>General Partner</b>	<b>Name of Individual</b>
<b>Vice President</b>	<b>General Partner</b>	<b>Title</b>
<b>Chief Financial Officer</b>	<b>General Partner</b>	<b>Street Address / City</b>
<b>Secretary</b>	<b>General Partner</b>	<b>State / Zip</b>

**Products you are interested in:** \_\_\_\_\_ **Company Website** \_\_\_\_\_

**How do you hear about our company:** \_\_\_\_\_

<b>Bank</b>	Name of Bank _____	Account Manager _____
	Account # _____	Tel # _____
	Address _____	City _____ State _____ Zip _____
<b>Trade Reference 1</b>	Vendor _____	
	Contact _____	Tel # _____ Fax # _____
	Address _____	City _____ State _____ Zip _____
<b>Trade Reference 2</b>	Vendor _____	
	Contact _____	Tel # _____ Fax # _____
	Address _____	City _____ State _____ Zip _____
<b>Trade Reference 3</b>	Vendor _____	
	Contact _____	Tel # _____ Fax # _____
	Address _____	City _____ State _____ Zip _____



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**TERMS OF NON-PAYMENT OR A CHECK RETURNED BY A BANK FOR INSUFFICIENT FUNDS**

In consideration of the granting and extension of credit by Lesso America Inc. to the undersigned (the Company), it is hereby agreed that the Company will promptly pay all sums when due. In the event of non-payment, partial payment, or the Company's payment by check being returned by a bank for insufficient funds, the Company hereby agrees to pay, in addition to the principal amounts due, all costs incurred by Lesso America Inc. due to such non-payment or partial payment, or check return, including but not limited to all payments to a collection agent or agencies, up to but not exceeding 45% of the principal balance due, and, in the event of suit, reasonable attorney's fees and court costs. The Company further agrees to pay interest at a rate of one and one-half percent per month or the legal rate, whichever is less, commencing the first day following the due date. The Company further consents to jurisdiction of a state or federal court located in Riverside County, California, should Lesso America Inc. sue the Company for failure to pay in full.

**SUPPLIER / BANK RELEASE**

By signing this Agreement and Credit Application, the Company agrees to:

1. Provide Lesso America Inc. authority to obtain information pertaining to its banking relationship and to provide Lesso America Inc. with such financial data as it shall request
2. obtain information pertaining to its payment history from other vendors
3. provide financial statement information to Lesso America Inc. on an annual basis or upon request from Lesso America Inc.

Company Name \_\_\_\_\_

Authorized Signer \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Confidentiality Notice: This application contains privileged and confidential information intended only for use by Lesso America Inc. You are hereby notified that any copying of this information is prohibited.

**ACCOUNTING APPROVAL** (Please attached Credit Bureau report):

Sales expected per month: \_\_\_\_\_ Sales Representative: \_\_\_\_\_

Credit Terms: Prepay  COD  Credit Card  \_\_\_\_\_ % Net 30  45  60  Credit Limit: \_\_\_\_\_

Legal Standing notes: \_\_\_\_\_

Bank reference notes: \_\_\_\_\_

Credit reference notes: \_\_\_\_\_

Credit Bureau notes: \_\_\_\_\_

Special notes: \_\_\_\_\_

Processed By: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_