

ZOTA USA INC.

17005 Evergreen Place, Unit #B
City of Industry, CA 91745
Tel: 626-839-8668 Fax: 626-839-8558

CUSTOMER APPLICATION FORM

Company Name: _____ Company Established Since _____

Business Description: _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail address: _____

Phone #: _____ Fax #: _____ www. _____

Seller's Permit #: _____ State: _____ Issue Date: _____ **Please attach a copy.**

If company is a corporation, corporate #: _____ which state: _____ since _____

Corporation Name: _____

President Name: _____

If company is sole proprietor, owner name: _____

Owner's home address: _____

Business Contact Person Name: _____ Title: _____

Trade references: 1. Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Contact: _____

2. Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Contact: _____

Credit Information: Bank Name: _____ Since: _____

Bank Address: _____ Contact: _____

Checking Account #: _____ Phone #: _____

Please attach a copy of voided check if request payment terms other than COD cash

Estimated average monthly order from ZOTA USA INC. \$ _____

Agreement: Applicant signature on this application certifies that the above information is true, correct and complete, and intended to be relied upon for the purpose of this application. The applicant authorizes ZOTA USA INC. to make whatever inquiries it considers necessary and appropriate concerning such information, including obtaining credit reports and credit references with the above mentioned companies and bank. The applicant personally guarantees and agrees to pay all invoices according to the terms and the applicant understands that a services charges will be assessed on the past due invoices at the highest rate allowed by the laws of USA and the applicant agrees to pay such services charges when billed. All payment will be made to ZOTA USA INC. at 17005 Evergreen Place, #B, City of Industry, CA 91745.

Signature: _____ Print Name: _____ Title: _____ Date _____

Driver License Number: _____ State: _____