



Compucase Corporation

16720 Chestnut St, Unit C
City of Industry, CA 91748
TEL: +1-626-3366588 FAX: +1-626-3339288
® Website: <http://www.hecgroupusa.com>

Open Account Application

Company Name : _____
(Required)

DBA (If any): _____

Billing Address: _____ City: _____ State: _____ Zip: _____
(Required)

Shipping Address: _____ City: _____ State: _____ Zip: _____

Federal Tax I. D. # : _____ State Tax I. D. # : _____

Contact Person for
Purchasing : _____ Tel : (_____)
Fax : (_____)
Accounting : _____ Tel : (_____)
Fax : (_____)

Date of Established (Required) _____ Estimate Annual Sales : (Required) _____

No. of Employees : (Required) _____ Long-term liabilities : _____

Type of Business: _____ Type of Ownership : (Required)

Primary Product: _____ : Sole Ownership : Corporation

Preferred Payment Term: (Required) _____ : Partnership : Other _____

Terms and Conditions of Sales

1. All shipments are F.O.B. China unless otherwise specified.
2. Jurisdiction for all disputes regarding payment, delivery, terms, or merchandise is to be solely in Los Angeles County, CA

Principals

Principal #1 First Name : _____ Last Name : _____
(Required)

Title : _____ Home Phone : (_____)

Home Address : _____

Principal #2 First Name : _____ Last Name : _____

Title : _____ Home Phone : (_____)

Home Address : _____

16720 Chestnut St. Unit C, City of Industry, CA 91748 U.S.A
Sales: (800)909-6558 Fax: (626)333-9288 Website: <http://www.hecgroupusa.com>



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Trade Reference (s)

Name # 1 : _____
Address : _____

Telephone : () _____
Fax: () _____
Contact Person : _____

Name # 2 : _____
Address : _____

Telephone : () _____
Fax: () _____
Contact Person : _____

Name # 3 : _____
Address : _____

Telephone : () _____
Fax: () _____
Contact Person : _____

Name # 4 : _____
Address : _____

Telephone : () _____
Fax: () _____
Contact Person : _____

Financial Reference (s)

Bank #1 : _____
Address : _____

Checking Acc. # : _____

Bank #2 : _____
Address : _____

Checking Acc. # : _____

Contact Person : _____
Telephone : () _____

Fax: () _____
Saving Acc. # : _____

Contact Person : _____
Telephone : () _____

Fax: () _____
Saving Acc. # : _____

Credit Terms and Conditions

I certify that the information provided in this application, to the best of my knowledge, is correct. I understand that Compucase Corporation will hereby treat all of the information which I have provided as confidential. I have read and understood the "Terms & Conditions of Sales" of Compucase Corporation and I agree to the terms and conditions below.

Terms and Conditions of Sales

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I have authorized Compucase to obtain both trade reference and bank reference according to my reference listings.

Company Name : (Required) _____

Authorized By : (Required) _____ Title : (Required) _____

Print Name : (Required) _____ Date : (Required) _____

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