

New Account Application Form (Continued)*

Banking Information (Complete at least one)			
Name of Bank		Checking Account Number	
Address (Branch)		Since	
Phone ()	Bank Officer's Name		

Name of Bank		Checking Account Number	
Address (Branch)		Since	
Phone ()	Bank Officer's Name		

Trade References			
Supplier Name		Account Number	
Address			
City	State	Zip	Gross Annual Purchases \$
Phone ()	Fax ()	Contact	

Supplier Name		Account Number	
Address			
City	State	Zip	Gross Annual Purchases \$
Phone ()	Fax ()	Contact	

Corporate Officers , If Applicable	
Officer Name	Title Accounts Payable
Officer Name	Title
Officer Name	Title
Officer Name	Title

Ship to Information (Attach additional sheets if necessary)			
Store Name		State Resale Certificate Number	
Address			
City	State	Zip	
Phone ()	Fax ()	Contact	E-mail address

Store Name		State Resale Certificate Number	
Address			
City	State	Zip	
Phone ()	Fax ()	Contact	E-mail address

Fax To: 909-525-9899*Ph# 909-525-9888

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RESELLER INFORMATION (CALIFORNIA CUSTOMER ONLY):

Firm Name

I HEREBY CERTIFY that I hold valid Seller's Permit No.

Complete Permit Number

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

Products your company selling

That the tangible personal property described herein which I shall purchase from Logisys Computers will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased	
Dated / /	Signature
At	By and Title
Phone () -	Address

Dear Customer: It is by law we have to keep this completed form if products sold to your company are nontaxable.

Fax To:909-525-9899*Ph# 909-525-9888

1962 W. Holt Avenue
Pomona, CA 91768



Telephone: 909-525-9888
Fax: 909-525-9899

Credit Card Authorization Form

I authorize Logisys Computer to charge my credit card for purchases on computer parts and accessories. I understand that the charge reflected on my credit card statement will be in the name of "Logisys Computer, in the city of Pomona, CA" My authorized signature on this form will be valid for all future purchases from Logisys Computer Corp.

I understand that all information will be kept strictly confidential between Logisys Computer and me.

My Logisys Account Number: _____

I, _____ authorize Logisys Computer to charge my credit card(s) list below for all purchases:

Credit Card Number 1: _____
Card Number Expiration

Card Holder Name Card Holder Signature Credit Card Billing Address

Credit Card Number 2: _____
Card Number Expiration

Card Holder Name Card Holder Signature Credit Card Billing Address

Credit Card Number 3: _____
Card Number Expiration

Card Holder Name Card Holder Signature Credit Card Billing Address

Phone Number: _____ Email Address: _____

Ship to Address 1: _____

Ship to Address 2: _____