

Dealer Application



LEX TEC INC.
Cables & Networks
lextec.com 1-800-665-9619

Company Information

29-04-09

Operating Name _____ Legal Name _____

Federal Business or GST# _____ Provincial/State Business or RST# _____

Corporation Partnership Sole Proprietor Public Company Stock Symbol _____

Description of Business Activities _____

_____ Web Site _____

Employees _____ # Locations _____ Years in Business _____ Annual Revenues _____

Contact Information

Owner/Principal Name _____ E-mail _____

Direct Phone _____ Fax _____ Mobile _____

Payables Contact _____ E-mail _____

Direct Phone _____ Fax _____ Mobile _____

Authorized Purchaser _____ E-mail _____

Direct Phone _____ Fax _____ Mobile _____

Billing Address

Billing Address _____

City _____ Province/State _____

Postal Code _____ Country _____

Contact _____ Phone _____

Shipping Address Same as billing address

Shipping Address _____

City _____ Province/State _____

Postal Code _____ Country _____

Contact _____ Phone _____

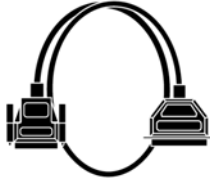
Credit Agreement

I certify the above information is complete and accurate (to be signed by a signing officer of the company):

Name of Signing Officer _____ Title _____

Signature _____ Date _____

Trade Credit Application



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Trade References

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- Please provide information on 5 suppliers with whom you have a line of credit.
- To avoid delays, only reference suppliers who will share credit information with Lex Tec.
- Most national distributors will not share credit information but may provide you with a Letter of Credit Status.
- We do not accept couriers, printers, office supply, utility, leasing, subsidiary or sister companies as references.

Supplier _____ Address _____
Contact _____ E-mail _____
Tel _____ Fax _____ Account # _____

Supplier _____ Address _____
Contact _____ E-mail _____
Tel _____ Fax _____ Account # _____

Supplier _____ Address _____
Contact _____ E-mail _____
Tel _____ Fax _____ Account # _____

Supplier _____ Address _____
Contact _____ E-mail _____
Tel _____ Fax _____ Account # _____

Supplier _____ Address _____
Contact _____ E-mail _____
Tel _____ Fax _____ Account # _____

Bank Reference (or attach copy of void cheque)

Bank Name _____ Branch Location _____
Contact _____ E-mail _____
Tel _____ Fax _____ Account # _____

Credit Agreement

First orders are payable by cash, credit/debit card, or certified cheque. A probationary period is in effect once credit is approved. Balance due within 15 days (Net 15). 2% per month charged on overdue accounts. Inactive accounts will revert to COD.

I certify the above information is complete and accurate. I authorize Lex Tec to contact our credit references and verify credit information (to be signed by a signing officer of the company):

Name of Signing Officer _____ Title _____
Signature _____ Date _____