



IXAPA Inc.
3100 E Cedar St., #1
Ontario, CA 91761
www.ixapainc.com

Phone : 626-898-5885
Fax : 909-781-2948
e-mail: sales@ixapainc.com

NEW ACCOUNT APPLICATION

Dear Customer:

Thank you for your interest in opening account with Ixapa Inc.

The following are the Terms and Conditions issued by Ixapa Inc. (called "Seller" thereafter). Please complete (print clearly) all said form(s) and fax them to the above fax no. The Seller will e-mail/call you with confirmation within 48 hours.

TERMS:

1. To expedite your order, a completed New Account Application must be accompanied with all new account orders.
1. All new customers need to complete Part A & B and sign in the bottom of the form.
2. For customer who applies for terms of company check or credit line must complete all parts A, B, and C, and sign in the bottom of the application. Also attach a voided company check with the application.
3. First order must be prepaid.
4. The Seller accepts major credit cards: Visa, Master, A/E cards.
5. There is a \$25.00 fee for any check returned for non-sufficient funds.
6. If there is any balance over 30 days past due date, it will be subject to 1% monthly financial and handling charges.

PRICING:

Prices listed are for wholesale and are subject to change without notice

MINIMUM ORDER:

Standard first opening/minimum orders is \$1000 for first shipment and NO minimum order for subsequent orders.

BACK-ORDER:

Items that are not in stock will be backordered. The seller will inform you immediately if there is any problem of the order

FREIGHT:

All prices are based on FOB Ontario at Seller's warehouse in California. The invoice total will be the sales amount plus freight charges. Before Seller shipping out the order, you will be given total amount includes freight charges by a confirmation e-mail or phone call. Seller will use the best way by motor freight. You may indicate in your order if you prefer to use your own carrier, and ship freight collect.

RETURNS & CLAIMS:

Contact Seller immediately if you have received damaged merchandise. Seller will help on claims and re-shipment of the goods. Any returns or claim for defective items must be made within 10 days of receipt of goods. R.M.A. number must be obtained from the Seller before returning any goods. Unauthorized returns are not acceptable. Please have order number ready and mentioned in all contacts.

RESALE PERMIT:

Copy of resale permit.



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Note: All customers need to complete Part A & B and sign in the bottom. Customers request for check/other payment terms must complete all parts.

Business Information

Part A

Name of Business: _____ Contact Name: _____

Years in business: _____ Reseller's Permit No.: _____

Billing info: _____ Shipping info (if different than Billing) _____

Address: _____ Address: _____

City, State, and Zip Code: _____ City, State, and Zip Code: _____

Phone: _____ Fax: _____ e-mail: _____

Type of Business: Retail ____ Wholesale/Distributor ____ Online/Internet store ____ Other(s) _____

Payment Terms

Part B

Payment options: * Credit Card ☐ Money Order ☐ Check ☐ Other (Specify) _____

* (If checked "Credit Card", please fill out the following)

Name on Credit Card _____ Credit Card #: _____

Exp. Date: _____ Sec. Code: _____

Billing Address, City, State, Zip: _____

Bank Reference

Part C

Bank Name: _____ Branch: _____

Address: _____

City, State, and Zip code: _____

Acct. #: _____ Acct. type (Checking/Savings) _____



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Credit Agreement and Bank Release Authorization

I, the undersigned hereby warrants that the information provided by the business named in the foregoing credit application is true and correct to the best of the undersigned knowledge, that the undersigned fully understand the terms and conditions of the credit extended by Ixapa Inc. to the business named in said credit application. The undersigned promises to pay for purchase(s) in accordance with Ixapa Inc.'s term of sales and guarantees the payment of all obligation incurred by said business in connection or any of its affiliates or subsidiaries

I hereby, as an authorized signer on the above reference account, authorize the release of banking information regarding financial information to Ixapa Inc. for the purpose of establishing a line of credit with said company

Print Name: _____

Title: _____

Signature: _____

Date: _____