

**Sunrise Impex, LLC**

PO Box 731743

San Jose, CA 95173-1743

For Memory Remember Sunrise™

**CUSTOMER PROFILE / APPLICATION**

YOUR SALES PERSON NAME : \_\_\_\_\_

TEL. : (408) 673-SUN1 (7861)

EMAIL: info@SunriseNanotech.com

Customer Code : \_\_\_\_\_

DATE : \_\_\_\_\_

**BILLING INFORMATION**

COMPANY NAME : \_\_\_\_\_

TAX ID : \_\_\_\_\_

TRADE NAME : \_\_\_\_\_

YEAR ESTABLISHED : \_\_\_\_\_

BILL TO ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_

STATE : \_\_\_\_\_

ZIP : \_\_\_\_\_

ENTITY TYPE:  SOLE OWNER  S-CORP.  CORPORATION  PARTNERSHIP  OTHER**SHIPPING INFORMATION**

SHIP TO NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_

STATE : \_\_\_\_\_

ZIP : \_\_\_\_\_

**CONTACT**PRINCIPLE  
OWNER

NAME: \_\_\_\_\_

PHONE : \_\_\_\_\_

EXT.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX : \_\_\_\_\_

CELLULAR : \_\_\_\_\_

BUYER

NAME: \_\_\_\_\_

PHONE : \_\_\_\_\_

EXT.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX : \_\_\_\_\_

CELLULAR : \_\_\_\_\_

ACCOUNTS  
PAYABLE :

NAME : \_\_\_\_\_

PHONE : \_\_\_\_\_

EXT.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX : \_\_\_\_\_

CELLULAR : \_\_\_\_\_

**FINANCIAL :**

BANK NAME : \_\_\_\_\_

CONTACT : \_\_\_\_\_

ACCOUNT NUMBER : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_

STATE : \_\_\_\_\_

ZIP : \_\_\_\_\_

PHONE : \_\_\_\_\_

FAX : \_\_\_\_\_

**I HEREBY AUTHORIZE MY BANK STATED ABOVE TO RELEASE ALL NECESSARY INFORMATION  
PERTAINING TO THE ABOVE MENTIONED ACCOUNT TO SUNRISE IMPEX, LLC**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**TRADE REFERENCES :**

COMP. : \_\_\_\_\_

COMP. : \_\_\_\_\_

COMP. : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT : \_\_\_\_\_

CONTACT : \_\_\_\_\_

CONTACT : \_\_\_\_\_

PHONE : \_\_\_\_\_

PHONE : \_\_\_\_\_

PHONE : \_\_\_\_\_

FAX : \_\_\_\_\_

FAX : \_\_\_\_\_

FAX : \_\_\_\_\_

E-MAIL : \_\_\_\_\_

E-MAIL : \_\_\_\_\_

E-MAIL : \_\_\_\_\_

TERMS &amp; CREDIT LIMIT : \_\_\_\_\_

TERMS &amp; CREDIT LIMIT : \_\_\_\_\_

TERMS &amp; CREDIT LIMIT : \_\_\_\_\_

**I UNDERSTAND AND AGREE TO FOLLOW THE GUIDELINES OF SUNRISE'S TERMS AND CONDITIONS OF SALE****THIS APPLICATION WAS COMPLETED AND AUTHORIZED BY \_\_\_\_\_**

DATE : \_\_\_\_\_

NAME : \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE : \_\_\_\_\_

**THIS APPLICATION IS VERY IMPORTANT TO OPEN YOUR ACCOUNT. PLEASE COMPLETE AND RETURN  
WITH A COPY OF YOUR RESALE CERTIFICATE AND A COPY OF YOUR DRIVERS LICENSE.**

EMAIL TO: Accounts@SunriseNanotech.com

**INCOMPLETE INFORMATION WOULD RESULT A DELAY IN PROCESSING YOUR ACCOUNT.**