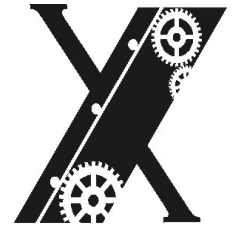


# Vendor Profile



**XVNYTH**  
Manufacturing Corp.

**Trucking Company** (please check)  
If Yes, choose Primary Service

Yes  
TL :

No  
LTL :

Date: \_\_\_\_\_

**PLEASE FILL IN ALL SHADED FIELDS.**

<b>Your contact Info</b>	Your Name: _____ <small>Name of person completing this form</small>
	Your Phone: _____
	Your Email: _____
	Brief description of your products and/or services: _____
	_____

<b>Corporate Contact Information</b>	<b>Corporate Contact:</b>			
	Legal Company Name (to appear on cheques): _____			
	Address: _____		_____	
	<small>Street</small>		<small>City</small>	
	<small>Prov / State</small>	<small>Country</small>	<small>Postal / Zip Code</small>	
	Phone: _____	Fax: _____	Toll Free: _____	_____
	General Email: _____			
	<b>Account Manager Contact :</b>			
	Account Manager Name: _____		_____	
	Account Manager Email: _____		_____	
	Phone: _____	Fax: _____	Toll Free: _____	_____
	<b>Sales Manager Contact :</b>			
	Sales Manager Name: _____		_____	
	Sales Manager Email: _____		_____	
	Phone: _____	Fax: _____	Toll Free: _____	_____
<b>President Contact :</b>				
President Name: _____		_____		
President Email: _____		_____		
Phone: _____	Fax: _____	Toll Free: _____	_____	

<b>Accounts Receivable Information</b>	<b>Accounts Receivable Contact:</b>			
	Accounts Receivable Contact Name: _____			
	Accounts Receivable Email: _____			
	Phone: _____	Fax: _____	Toll Free: _____	_____
	Our Account Number: _____	GST or Federal ID#: _____		_____
	Payment Terms: _____	Invoice Discounts: _____		_____
	Volume Discounts: _____	Other Discounts: _____		_____
	Prompt Payment Discount: _____	Co-Op Discounts: _____		_____

**Shipping Information**

Shipping/Receiving Contact Name:			
Shipping/Receiving Contact Email:			
<b>Shipping Address:</b>		<input type="checkbox"/> ("X" Box if Shipping Address is same as Corporate Address)	
Address:			
<small>Street</small>		<small>City</small>	
<small>Prov / State</small>	<small>Country</small>	<small>Postal / Zip Code</small>	
Phone:	Fax:	Toll Free:	

For those supplier that supply XYNYTH with raw materials for manufacturing, or re-sale items, Please take NOTE

<b>We require Lot Numbers on all Product, Shipping Containers, Bills of Lading, and Packing Slips.</b>	
Can you meet this requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which option applies? (Check one)	
1) Xynyth must assign & provide you lot numbers at the time of purchase order:	<input type="checkbox"/>
2) You will assign & provide Xynyth with lot numbers at the time of production:	<input type="checkbox"/>

You prefer to receive purchase orders via: (Check one) Fax  Email

**Terms and Conditions:**

- 1- No Goods are to be delivered without a Purchase Order (PO).
- 2- Receipt of a PO must be acknowledged within 48 hours, confirming pricing and delivery dates.
- 3- If unacknowledged, the PO will be deemed accepted in its entirety upon receipt of goods.
- 4- NO SUBSTITUTIONS are to be made without prior written authorization from Xynyth.
- 5- We reserve the right to cancel a PO if shipment is not made as promised.
- 6- Orders must NOT be invoiced at higher prices than contained within the applicable PO.
- 7- Separate invoices must be rendered for each PO or partial shipment.
- 8- PO number must be printed on all invoices, documents, and packages.
- 9- Xynyth will not honour invoices received more than 90 days after receipt of goods/services.
- 10-Xynyth pays by original invoice, not statements.

Note: Shipping Address will be noted on each PO.

Billing Address:



**XYNYTH**  
Manufacturing Corp.

**Corporate Office**  
122-3989 Henning Drive  
Burnaby, BC, Canada  
V5C 6N5

Phone: (604) 473-9343 Fax: (604) 473-9399  
[www.xynyth.com](http://www.xynyth.com)

In an effort to ensure that our Purchase Order is sent to you in a timely fashion, it is important that you complete this entire form and return it to XYNNYTH as soon as possible. Thank you.