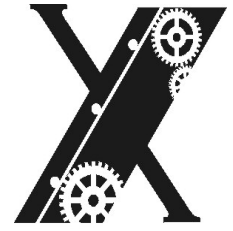


Vendor Profile



XVNYTH
Manufacturing Corp.

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

Yes
TL :

No
LTL :

Date: _____

PLEASE FILL IN ALL SHADED FIELDS.

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

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

Accounts Receivable Information	Accounts Receivable Contact:			
	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:			
Shipping Address:		("X" Box if Shipping Address is same as Corporate Address)	
Address:			
Street			City
Prov / State	Country	Postal / Zip Code	
Phone:		Fax:	Toll Free:

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

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

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

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.