



COMPANY NAME

PARTNERSHIP

CORPORATION

SUBSIDIARY OF

DIVISION OF :

DBA:

ADDRESS:

CITY:

COUNTRY

PHONE

FAX

ACCOUNT PAYABLE CONTACT:

PHONE

EMAIL:

PURCHASING CONTACT:

OWNER NAME 1 :

OWNER NAME 2:

OWNER NAME 3:

In case of partnership, please fill the Owner Names.

Estimated Monthly Purchases :

Date Bussines Established :

BANK REFERENCE:

BANK NAME

ACCOUNT NUMBER

BANK CONTACT:

BANK ADDRESS:

BANK TELEPHONE:

VENDOR REFERENCE:

VENDOR

▪ VENDOR

ACCOUNT #

ACCOUNT #

CONTACT PHONE

CONTACT PHONE

VENDOR ADDRESS:

VENDOR ADDRESS



VENDOR

VENDOR

ACCOUNT #

ACCOUNT #

CONTACT PHONE

CONTACT PHONE

VENDOR ADDRESS:

VENDOR ADDRESS

CREDIT CARD

CREDIT CARD NUMBER

CARD HOLDER NAME

EXP

VISA

MC

AMEX

DISCO

CREDIT CARD BILLING ADDRESS

ALL THE FIELD MUST BE FILL UP WITH TRUSTED INFORMATION, ALL THE INFORMATION WILL BE VEFIFIED. IF ANY REFERENCE OR INFO IS FALSE, THE APP WILL BE CANCELED.
IF CREDIT LINE IS OPEN, YOUR WILL RECEIVE A MAIL WITH CREDIT LIMIT AND TERMS.
ALL THE CREDIT LIMITS WILL BE NET 30, OTHER TERMS WILL BE NEGOTIATED FOR EVERY CASE.
IN CASE THE INVOICE OVERDUE, THE CREDIT CARD WILL BE CHARGE WITH THE AMOUNT OF THE INVOICE OR IN PART UNTILL REACH THE DUE AMOUNT.

BY

PRINT NAME

SIGN

■

DATE