



Fuente de Vida Distributors Inc.
 3606 CAVALIER DRIVE
 GARLAND TEXAS 75042 TEL 214-341-8949 FAX 214-341-8155

CREDIT APPLICATION

General Company Information

Company Name : _____
 Shipping Address : _____
 City : _____ Zip Code : _____
 Phone : () _____ Fax : () _____
 Federal tax ID Number: _____ E-Mail _____
 Legal Structure (check all that apply) Corporation Date Business Established : _____
 Partnership
 Individual
 Business Hours : _____ Number of employees? _____

Personal Information

Contact Name _____ Title : _____
 Billing Address: _____
 City : _____ Zip Code : _____
 Phone # () _____ Cell Phone () _____
 Social Security # _____ DL # _____

References

Trade References :

| Name : | Account Number | Phone Number | Credit Limit \$ |
|--------|----------------|--------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Bank References :

| Name | Account Number | Phone Number |
|-------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Personal References :

| Name | How Long ? | Occupation ? | Phone Number |
|-------|------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Agreement For Credit Sales

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby agree to pay all accounts on the 30 days period following or as expressly agreed. Interest of 1.5 % may be charged. I hereby authorize Fuente de Vida Distributors inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.

Aplicant : _____ Signature : _____ Date : _____

For FDV Accounting Office Use Only:

Credit check **Excellent** **Satisfactory** Approved By : _____
 Good Bad Credit Limit : _____