



# FUENTE DE VIDA DISTRIBUTORS, INC.

3606 CAVALIER DR.  
GARLAND, TX. 75042  
1-888-430-3111  
Fax: 214-341-8155

2500 W 84TH ST STE 6 BLDG B  
HIALEH, FL. 33016  
1-888-826-7255  
Fax: 305-362-5591

THIS IS NOT A CREDIT APPLICATION

APPLICATION FOR NEW ACCOUNTS

## COMMERCIAL INFORMATION

Company Name: \_\_\_\_\_  
 Address to send your orders: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
 Type of Ministry  Distributor  Church  Evangelist  
 Bookstore  Boostore inside Church  Door to door  
 Store Hours \_\_\_\_\_  
 Date Store Initiated \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_  
 People authorized to purchase under your account \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 License Number or ID number \_\_\_\_\_

*If your payments will be made with a credit card, please fill the fields below*

Type of Credit Card  Visa  Master Card  Amex  Discover  
 Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Authorization Number (on back of card) \_\_\_\_\_  
 Address where credit card statements are sent \_\_\_\_\_

## COMPANY REFERENCES

Name	Account Number	Payment Type		
		Card	COD	Credit
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_