Sandra De Leon, CHB

SIMPLE! CONTACT ME NOW >

Sandra De Leon, CHB.
2020 NW. 129th. Avenue. Unit 208
Miami, Florida 33182
email: sandra@deleonchb.com

Website: http://www.deleonchb.com

CREDIT APPLICATION

	Federal ID#:
Business Name (Full legal Name)	**Main Phone Number**
Street	**Main Fax Number**
City, State & Zip	**Dun & Bradstreet #:**
Email:	**Website Address:**

Type of Business (circle one):   Non Profit   Proprietorship   Partnership   Corporation

Division or Subsidiary of:	**Nature of Business**	**Year in Business:**
Controller's Name:	**Accounts Payable contact:**	**Tel. No.:**

BANK INFORMATION AND CREDIT REFERENCE   * PLEASE FILL OUR COMPLETE INFORMATION

Bank Name:	**#2 Credit Reference Company Name:**
Street	**Address:**
City, State & Zip	**City, State & Zip**
Phone#: Fax#:	**Phone#: Fax#:**
Bank Account#	**Account#**
#1 Credit Reference Company Name:	**#3 Credit Reference Company Name:**
Street	**Address:**
City, State & Zip	**City, State & Zip**
Phone#: Fax#:	**Phone#: Fax#:**
Account#	**Account#**

PERSONAL DATA   (*PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS)

Name:		**Name:**	
Home address:		**Home address:**	
City, State & Zip		**City, State & Zip**	
Driver's License #		**Driver's License #**	
Title:	**Social Security No.:**	**Title:**	**Social Security No.:**

The undersigned authorizes and instructs any person, consumer reporting agency or banking instructions to compile and furnish Sandra De Leon, CHB. with any information it may have in response to an inquiry from Sandra De Leon , CHB. Undersigned further states that all of the above statements are true and complete and are made to Sandra De Leon, CHB. to obtain credit terms for services rendered. As an authorized agent for the credit applicant, I understand that the terms of payment will be issued upon credit application approval and I hereby agree that any invoice not paid in full within the terms given shall be subject to the maximum interest rate permitted by law or an interest charge of 1.5% per month whichever is lower.

_____   _____
              DATE   **CUSTOMER SIGNATURE   TITLE**