



11251 Nw 20 St Unit 114 Miami FL USA 33172

Ph.305-597-8641

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DEALER APPLICATION

(Please Type or Print Clearly)

Type of account applying for: Factoring COD Cashier Check Wire Transfer

COMPANY INFORMATION

Legal Company Name _____ Phone _____

Other Trade Name _____ Fax _____

Address _____ City _____ State _____ Zip _____

International Customer- Passport No. _____ Country _____ Exp. Date s _____

Type of Enterprise Partnership Sole Proprietor Corporation Others EIN# _____

Registered or incorporated in the state of _____ (Please attach a copy of certificate of sales tax registration)

Business Operated from Home Commercial Building How Long at Address _____ Own Rent

Year Established _____ Annual Sales \$D&B _____

BANK INFORMATION

Bank Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Account # _____ Loan # _____ Account Rep _____

TRADE INFORMATION

Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

OFFICER(S) / OWNER(S)

1. Name _____ Title _____ Social Security # _____

Home Address _____ City _____ State _____ Zip _____

2. Name _____ Title _____ Social Security # _____

Home Address _____ City _____ State _____ Zip _____

3. Name _____ Title _____ Social Security # _____

Home Address _____ City _____ State _____ Zip _____

The undersigned authorizes to release of all credit information from bank and vendors requested by HIGH EXPORT Inc.

Signature _____ Print Name _____ Date _____