



LOPEFRA CORP.

2601 S.W. 69 Court ♦ Miami, FL 33155 ♦ (305) 266-3896 ♦ Fax (305) 266-9825

CREDIT APPLICATION

We welcome your interest and desire to do business with our company! For your convenience and in order to serve you more efficiently, we encourage establishing an open account. All information submitted will be held in the strictest of confidence and used solely for reference purposes within our credit department. **The extent to which this application is completed will assist us in determining the amount of your credit line. PLEASE COMPLETE FULLY.**

DATE: _____

FIRM NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ FAX # _____ EMAIL: _____

YEAR ESTABLISHED: _____ UNDER PRESENT OWNERSHIP SINCE: _____

LEGAL STATUS: PROPRIETORSHIP PARTNERSHIP CORPORATION FED. ID#: _____

Section A: Owners/Officers

NAME: _____	NAME: _____
PHONE: _____	PHONE: _____

Section B: Bank Reference

NAME: _____	BRANCH: _____
ACCOUNT #: _____	CITY: _____ STATE: _____ ZIP: _____
NAME OF OFFICER: _____	PHONE: _____ FAX: _____

Section C: Trade References

NAME: _____	PHONE: _____ FAX: _____
NAME: _____	PHONE: _____ FAX: _____
NAME: _____	PHONE: _____ FAX: _____

TERMS: IT IS AGREED AND UNDERSTOOD THAT ALL BILLS ARE DUE AND PAYABLE UPON RECEIPT. ALL INVOICES PAST DUE WILL BE SUBJECT TO ONE AND HALF PERCENT CARRYING CHARGE PER MONTH.

PERSONAL GUARANTEE: In consideration of any credit extended I (we or either of us) will individually and/or jointly guarantee full and prompt payment of all indebtedness by (**firm name**) _____ incurred for services and/or merchandise furnished by Lopefra Corp. plus service charges, collection cost and attorney's fees where applicable. Such guarantee shall remain in force until its revocation is acknowledged in writing to Lopefra Corp. Such revocation shall not affect indebtedness incurred prior to receipt of written notice.

INDIVIDUAL _____ DATE _____
SIGNATURE SOCIAL SECURITY NO.

INDIVIDUAL _____ DATE _____
SIGNATURE SOCIAL SECURITY NO.

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS, AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE LOPEFRA CORP. TO VERIFY ANY AND ALL REFERENCES WE HAVE GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CREDI CAPABILITIES AND TO REQUEST RELEVANT INFORMATION FROM CREDIT REPORTING AGENCIES.

Signature & Title of Authotized Officer

Date

DATE: _____

To Creditors and Banks:

I hereby authorize my bank and trade references to release my information to Lopefra Corp. for the purpose of establishing a line of credit with their company.

Sincerely,

Signature

Print Name

Company Name

Company Address