



Lopefra Corp.



7855 NW 29 St, Suite 182 ♦ Doral, FL 33122 ♦ (305) 418-9872 ♦ Fax (305) 266-9825

Credit Application

Please fax completed application to (305) 266-9825 or email to alopez@lopefra.com

In order to establish a credit account with Lopefra Corp., we must have the fully completed application. Note that only fully completed applications will be reviewed.

Company Legal Name Trade Name (if different)

Address

Phone Mobile Fax

Type of Business Under Present Ownership Since Fed. ID No.

Resale Number (If applicable- attach to application) Proprietorship Partnership Corporation LLC

Owners / Officers

Name Title Phone

Name Title Phone

Accounts Payable Contact Info

Name Email Fax

Is a purchase order required? Yes No

Bank Reference

Bank Address

Account # Contact Phone

Trade References - please provide three trade references

Name Address

Contact Phone Fax

Name Address

Contact Phone Fax

Name Address

Contact Phone Fax



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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.

Signature _____ Social Security No. _____ Date _____

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Payment terms are Net 30 days. Because of the additional expense to us in handling delinquent accounts, a carrying charge of one and a half percent per month (eighteen percent per annum) will be charged on past due accounts.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms of sale. The above information is for the purpose of obtaining credit and is warranted to be true.

I/We hereby authorize the firm to whom this application is made to investigate the references listed and access credit reporting pertaining to my/our credit and financial responsibility. I/We agree to be responsible for all debts, collection, attorney fees and finance charges incurred by Lopefra Corp.

Signature _____ Title _____

Print Name _____ Date _____

(Must be signed by a company officer)



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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