

Calle Siete Foods

2591 Dallas Parkway, Suite 103
Frisco, Texas 75034

SOLICITUD ALTA DE CLIENTES



DATOS DEL SOLICITANTE/APPLICANT

Fecha _____ 2015
Date _____ 2015
dia _____ mes _____

Nombre de la compañía y/o razon social _____
Company Name and / or Business Name _____

Registro Federal de Contibuyentes (RFC) _____
Tax ID Num. _____

Domicilio _____
Address _____ Calle/street _____ Numero/Number _____

County _____ Codigo Postal _____ Ciudad / City _____ Estado / State _____

Telefono (s) / Phone _____ Fax _____

Giro del negocio _____
Course of Business _____

Principales Funcionarios / Senior Management

Nombre / Name	Puesto / Position	Correo Electronico / Email
Nombre / Name	Puesto / Position	Correo Electronico / Email
Nombre / Name	Puesto / Position	Correo Electronico / Email

Contacto Principal / Primary Contact

Ventas/Sales

Nombre / Name _____ Puesto / Position _____ Correo Electronico / Email _____

Facturacion/Billing

Nombre / Name _____ Puesto / Position _____ Correo Electronico / Email _____

Referencias Bancarias / Banking references

Banco / Bank	Numero de cuenta / Account Number
Banco / Bank	Numero de cuenta / Account Number
Banco / Bank	Numero de cuenta / Account Number

Referencias Comerciales / Trade References

Compañía / Company	Contacto / Contact	Telefono y Fax / Telephone and Fax
Compañía / Company	Contacto / Contact	Telefono y Fax / Telephone and Fax
Compañía / Company	Contacto / Contact	Telefono y Fax / Telephone and Fax
Compañía / Company	Contacto / Contact	Telefono y Fax / Telephone and Fax

Linea de credito autorizada \$ _____ Autorizada \$ _____
Authorized authorized line of credit \$ _____
Termino de pago _____
Term of payment _____

Esta firma autoriza a CALLE SIETE FOODS el solicitar la informacion necesaria a bancos y proveedores para la autorizacion de alta. Confirmo que la informacion proporcionada es verdadera y correcta.
This signature authorizes CALLE SIETE FOODS on request the necessary information to banks and suppliers to the authorization High. I confirm that the information provided is true and correct.

Firma autorizada _____ Nombre _____
Authorized Signature _____ Name _____
Puesto _____ Fecha _____
Position _____ Date _____

Terms, Conditions, Authorizations

By execution of this instrument, buyer ratifies and agrees to the following terms. In the even there is a default in payment of any invoice, a late charge will be imposed in the amount of 1.5% per month of the unpaid balance. In the event any suit or proceeding is required to effect the collection of any amount due, buyer agrees to pay all of Calle7 Distributors reasonable attorney fees and/or collection service fees incurred in the course of such collection efforts. Buyer authorizes agents of Calle7 Distributors to make sure credit investigations as necessary, including connecting the above trade references and banks and/or obtaining credit reports. Buyer authorizes all trade references, banks and credit reporting agencies to disclose to Calle7 Distributors and its authorized agents, any and all information concerning the financial and credit history of my company and myself.

Nombre	Titulo	Fecha
Printed Name	Title	Date
Firma	Fecha	SS#
Signature	Date	

Personal Guarantee

For value received and in order to induce Calle7 Distributors to extend credit to the above named account, I the undersigned, hereby personally guarantee prompt and full payment when due of any and all debts to Calle7 Distributors arising out of sales or advances by Calle7 Distributors to the above named account, including late charges, attorney's fees and disbursements. This is a continuing guarantee and can not be revoked under any circumstances. Notice of Acceptance of this guarantee is waived. Use of corporate titles shall in no way limit the liability of the signatory. This is an absolute and continuing unconditional guarantee of payment.

Nombre _____ SS# _____
Printed Name _____
Firma _____ Fecha _____
Signature _____ Date _____