



10830 NW 27<sup>th</sup> ST DORAL, FL, 33172  
 PHONE: 305-602-2335  
 WWW.BEE-TECH.US

## New Client Application

### BUSINESS CONTACT INFORMATION

Title (Director, CFO, GM, COO)		Date business started operations	
Company name			
Phone   Fax			
Name of Company Officer			
Registered company address City, State ZIP Code, Country			
	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Other

### BUSINESS AND CREDIT INFORMATION

Bank Name (for Business):		Bank name (Other):	
Bank Address:		Bank Address:	
Business Checking Account #		Second Bank Account #	
Phone		Phone	
Bank Contact Name:		Bank Contact Name:	

### BUSINESS/TRADE REFERENCES

Company name:		E-mail:	
Contact name:		Account Opened Since:	
Address:		Credit Limit:	
Phone:		Last Purchase Date:	
Company name:		E-mail:	
Contact name:		Account Opened Since:	
Address:		Credit Limit:	
Phone:		Last Purchase Date:	
Company name:		E-mail:	
Contact name:		Account Opened Since:	
Address:		Credit Limit:	
Phone:		Last Purchase Date:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine new account approval. Furthermore, I hereby authorize the financial institutions and credit references listed in this application to release all requested information to BEE TECH; and I PERSONALLY and UNCONDITIONALLY guarantee my obligation to pay Bee-Tech, Inc. ALL invoices due and/or past due in full.

### SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	