1444 NW 82 Ave, Doral, FL 33126
P. +1-888-685-8721
Email: md@ultra1plus.com
www.maxilub.com

Know Your Customer Form

MAXILUB business account and credit application

Firm or Business Name: _____

Phone No.: _____ **Fax No.:** _____

Doing Business As (DBA): _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Credit Line Requesting: _____ **Estimated Annual Purchases:** _____

OWNERSHIP

Parent Company, if subsidiary: _____

☐ **Proprietorship** ☐ **Partnership** ☐ **Corporate** ☐ **Subsidiary** **Other Type:** _____

Proprietor, Partners, Officers:

Name: _____

Name: _____

Fed Tax or Soc. Sec.#: _____ **Principal Business:** _____

Is business incorporated? ☐ **Yes** ☐ **No** **If so, under laws of what state?** _____

BANK INFORMATION

Name of the Bank: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Account No.: _____ **Phone No.:** _____

Account No.: _____ **Bank Contact:** _____

LANDLORD REFERENCES

Name of the Landlord: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone No.: _____ **Fax No.:** _____

Email: _____

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*****ATTACH THE MOST RECENT FINANCIAL STATEMENT WITH THIS APPLICATION*****

CREDIT REFERENCES

Name: _____ **Name:** _____
Address: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____
Account: _____ **Account:** _____
Phone: _____ **Fax:** _____ **Phone:** _____ **Fax:** _____
Email: _____ **Email:** _____
Name: _____ **Name:** _____
Address: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____
Account: _____ **Account:** _____
Phone: _____ **Fax:** _____ **Phone:** _____ **Fax:** _____
Email: _____ **Email:** _____

TERMS AND CONDITIONS OF SALE

Applicant understands and agrees to the terms provided in MAXILUB's distribution contract and pricing. Applicant may be charged at a rate of 1.5% per month on any past due invoices beyond 90 days. Applicant accepts that MAXILUB will not recognize unauthorized deductions on invoices. All information in this application is true and correct. Applicant authorizes MAXILUB and its authorized representatives to receive credit information and banking information as provided. Applicant understands the terms of sale stated and agrees that such terms apply to all transactions with MAXILUB.

Signature: _____ **Signature:** _____
Print Name: _____ **Print Name:** _____
Title: _____ **Date:** _____ **Title:** _____ **Date:** _____

PERSONAL GUARANTEE

Should it become necessary to effect legal action to collect, the applicant pledges personal responsibility and holds himself/herself personally liable for all attorney fees, collection costs and court costs incurred by MAXILUB.

Signature: _____ **Signature:** _____
Print Name: _____ **Print Name:** _____
Title: _____ **Date:** _____ **Title:** _____ **Date:** _____