

MEMORY ONE
2137 NW 79th Avenue
Miami, Fl 33122

Telephone: (305) 717-0967
Fax: (305) 717-0969

APPLICATION (rev 06/2001)
(Please attach latest financial statement)

Company Name: _____	Phone#: () - _____
Mailing Address: _____	Fax#: () - _____
City: _____ State: _____ Zip: _____	Email: _____
Shipping Address: _____	
City: _____ State: _____ Zip: _____	
Form of Ownership: _____	Proprietorship: _____ Corporation: _____
	Partnership: _____ Year Started: _____
How long at this address? _____	
If Corporation, Date Incorporated: _____	State: _____
Drivers License #: _____	State: _____
Social Security #: _____	
Name of Owners, Partners or Officers: Title Address, (Residence)	

Annual Volume: \$ _____	Anticipated Monthly Purchases: \$ _____
# Of Employees _____	Is purchase order required? Yes _____ No _____
Fiscal Year Ends: _____	
Financial Statement Attached? Yes _____	No _____
Major Trade References /Supplier name Account #/ Phone #	
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
Bank Reference	
Bank Name	Address
	Phone #

Officer to Contact: _____	Account # _____
<p>By providing this application to MEMORY ONE, I (we) authorize you to obtain information, now or in the future from credit reporting agencies and our vendors, suppliers and financial institutions. All debts are due and payable in Dade County, Florida. A \$30.00 administrative and return check fee will be assessed. All past due accounts will be charged a 1.5% per month service charge on the outstanding balance.</p> <p>INDIVIDUAL GUARANTEE: I, (We) the undersigned, in consideration of MEMORY ONE opening an account with / or extending credit to the above named corporation pursuant to this application of my (our) request as an officer, director, stock holder of company, hereby personally, (and jointly and severally, if more than one) guarantee payment of debts and all legal and other costs of collection incurred in collection with the aforesaid credit. MEMORY ONE may obtain an individual credit report if deemed necessary.</p>	
Date: \ \	Signature: _____
	Name: (printed) _____