

# Retailer Application

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_

Business Type:  Sole Proprietorship      Years in business: \_\_\_\_\_  
 Partnership      Federal Tax ID #: \_\_\_\_\_  
 Corporation--State: \_\_\_\_\_

**Officers, partners or proprietors**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Contact Regarding Purchase Orders and Invoice Payments**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Bank References**

Bank Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Officer: \_\_\_\_\_ Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Trade References**

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Contact/Title: \_\_\_\_\_ Contact/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Contact/Title: \_\_\_\_\_ Contact/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Guarantee: Guarantor(s) will assume all legal responsibilities for company incurred debts in the event said company default on their account. All statements made herein are true and accurate to the best of my knowledge. We authorize the Arimar International Corporation to make any and all inquiries necessary for action on this form. **6800 NW 36 Ave, Miami, FL 33147**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_