



SP: ADRIANA

Application Form

Leadman Miami International Inc., 2712 NW 72nd Avenue, Miami, FL 33122
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Please Check One: New Account Applying Company Check Credit Review

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone# _____ Fax # _____ Other Contact Phone# _____

Type of Enterprise: Corporation in the State of: _____

Partnership Sole Proprietor Other (PLEASE FAX

CERTIFICATE OF BUSINESS)

What Would Best Describes Your Business: PC/Hardware Distributor VAR

PC/Network Consultant MIS of Corporation as Purchaser End-User

Web-Site Address: _____ Contact E-Mail: _____

Business Operated from: Home Commercial Building

How Long at Address: _____ Years Est.: _____ D&B# _____

Annual Sales Volume: _____

**** IF APPLYING FOR COMPANY CHECK, PLEASE ATTACH RECENT ****

**** FINANCIAL STATEMENT (AUDITED PREFERRED) ****

Officer(s) Owner(s) Information

Name(1): _____ Title: _____ SSN# _____

Address: _____ City: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Name(2): _____ Title: _____ SSN# _____

Address: _____ City: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Name of Accounts Payable Contact: _____

Tel: _____ Fax: _____ E-Mail: _____

Trade Information:

Company Name(1): _____ Tel# _____

Address: _____ Fax# _____

City: _____ State: _____ ZIP Code: _____

Terms: _____ Credit Limit: _____

Company Name(2): _____ Tel# _____

Address: _____ Fax# _____

City: _____ State: _____ ZIP Code: _____

Terms: _____ Credit Limit: _____

**THE UNDERSIGNED AUTHORIZES RELEASE OF ALL CREDIT INFORMATION
REQUESTED BY LEADMAN MIAMI INTERNATIONAL INC.**

Signature

Date