

4132 Airline Drive Houston, TX 77009

Other _____

Fax: 713-861-8121

Direct: 713-861-8107

Customer Credit application & agreement		
FOR INTERNAL USE ONLY		
L.S. Rep:	Date:	
Customer Code:	Credit Terms:	
	I Company Information	
Legal Customer Name & DBA:		
USDA PACA Number:	EIN:	
Website:		
Street Address & Number:		

Street Address & Number:

City, State and Zip:

Country:

Name of Main Contact:

Title of Main Contact:

Phone Number (with area code):

Main Contact Cell Phone (with Country & area code)

Main contact e-mail address:

Fax Number (with area code):

Type of Business Entity:

Sole Proprietorship [] Partnership [] Corporation [] LLC []

Number of Years in Business:

II Accounts Payable Informa	ion
Company Name (Only If different	from legal company name):
Remit to Address (Only if differe	t from physical address):
City, State, Zip:	
Accounts Payable Contact Name	:
AP Phone Number:	AP Fax Number:
AP Contact E-mail Address:	
	Terms and Conditions Acknowledgment:
	cation, Customer acknowledges receipt and review of the Latin
•	ns and Conditions Addendum. Customer understands that the Latin Specialties LLC is subject to the terms outlined in the provided
Customer is responsible for fa	miliarizing themselves with the terms, which cover various aspects of
our business relationship. <mark>Cus</mark>	omer understands that the Latin Specialties Customer Terms and Conditions m time to time, and it is the Customer's responsibility to review and comply
	ailable on the Latin Specialties website or as provided by Latin Specialties up
	
By signing below, Customer 6 Terms and Conditions provid	rpresses their agreement to abide by and comply with the Customer d by Latin Specialties LLC
O a manage (O contains an Nama)	
Company (Customer Name):	
Signature:	Name:
Title:	Date: