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### ACCOUNT APPLICATION

#### BUSINESS INFORMATION

NAME OF BUSINESS		TYPE OF BUSINESS/ DELIVERY TIME	
NAME OF CONTACT PERSON		<input type="checkbox"/> SUPERMARKET	<input type="checkbox"/> CONVENIENCE STORE
ADDRESS		<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> _____
CITY	COUNTRY	PH:	FX:

#### COMPANY CONTACTS

DIRECTOR / OWNER NAME:	DIRECTOR EMAIL:	DIRECTOR PH:	DIRECTOR CELL:
ACCOUNTING CONTACT NAME:	EMAIL (STATEMENTS EMAILED HERE):	PH:	CELL:
BUYER/ PURCHASER NAME:	EMAIL:	PH:	CELL:

#### BANK REFERENCES

BUSINESS NAME	CONTACT NAME	TEL:	ACCOUNT OPEN SINCE
1)			
2)			

- PLEASE ATTACH COPIES OF VALID BUSINESS LICENSE
- PLEASE ATTACH COPY OF ID CARD OR PASSPORT FROM MANAGING DIRECTOR
- PLEASE ATTACH BANK REFERENCE LETTER STATING YOUR FINANCIAL STAND-ING AT YOUR BANK

**FAILURE TO PROVIDE THE ABOVE WILL DELAY APPROVAL OF ACCOUNT**

**PLACE YOUR COMPANY STAMP HERE**

I, THE AUTHORIZED COMPANY CONTACT AS STATED ABOVE FOR AND IN CONSIDERATION OF YOUR EXTENDING CREDIT AT MY REQUEST TO THE COMPANY ABOVE HEREBY PERSONALLY GUARANTY TO CREATIVE DISTRIBUTORS PAYMENT OF ANY OBLIGATION OF THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTY SHALL BE A CONTINUING AND IRREVOCABLE INDEMNITY FOR SUCH INDEBTNESS OF THE COMPANY. I DO HEREBY WAIVE NOTICE OF DEFAULT FOR NON-PAYMENT AND NOTICE THEREOF AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED, AND TO ALL RENEWALS OF CREDIT. THE UNDERSIGNED GUARANTOR AGREES TO PAY THE TOTAL DUE AMOUNT, IN THE EVENT THE AMOUNT BECOMES DELINQUENT AND IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, ALL ATTORNEY'S FEES PLUS THE ATTENDANT COLLECTION COSTS.

SIGNATURE	JOB TITLE	DATE
A/R MANAGER APPROVAL	TERMS: <input type="checkbox"/> COD <input type="checkbox"/> NET7 <input type="checkbox"/> NET15	MD/ GM APPROVAL
	CREDIT LIMIT:	
	ACCOUNT #:	
	SALES REP:	