



**Expert Technology Group, Inc.**  
 5987 N.W. 102<sup>nd</sup> Avenue, Miami, Florida 33178  
 Phone: (305) 500-9374 – Fax: (786)-567-6256

- New Account Information** Complete this page only  
 (Información de cliente nuevo) (Solamente complete esta página)
- Application for Payment by Company Check**  
 (Aplicación para pagar con cheque de empresa)

All information furnished here in will be handled strictly on a confidential basis by ETG. (Toda la información aquí declarada será tratada con la mayor discreción y confidencialidad.)

Company Information		Información de la Empresa	
Company Name: <i>(Nombre de la Empresa)</i>		D&B #	
Address: <i>(Dirección)</i>		Type of Business: <i>(Tipo de Negocio)</i>	
City, State & Zip Code: <i>(Ciudad, Estado y Código Postal)</i>		Telephone(s): <i>(Teléfono)</i>	
Principal owner/officer name: <i>(Nombre del dueño o director)</i>		Fax:	
Home Address: <i>(Dirección Personal)</i>			
Social Security N°: <i>(N° de seguro social)</i>		Home Telephone N°: <i>(N° de teléfono personal)</i>	
Years in Business: <i>(Cuantos años en negocio)</i>	Number of Employees: <i>(N° de Empleados)</i>	Organization: <i>(Tipo de Organización)</i>	<input type="checkbox"/> Corporation <i>(Corporación)</i> <input type="checkbox"/> Partnership <i>(Sociedad)</i> <input type="checkbox"/> Sole Proprietorship <i>(Proprietario individual)</i>
Last two years gross sales and current year's projection (in U.S. \$) <i>(Ventas en los últimos dos años y proyección año actual)</i>		\$	\$
		\$	\$
Tax Information		Información Fiscal	
Employer (Federal) I.D. N° <i>(N° de identificación federal)</i>			
State Tax Resale Certificate N°		State <i>(Estado):</i>	
A copy of the certificate must be mailed back to us with this form to keep in our files in compliance with florida law. <i>(N° del certificado de reventa de la Florida. La ley requiere que se nos proporcione fotocopia de este certificado para mantener en nuestros archivos.)</i>			
Additional Information		Información Adicional	
Are purchase orders required? <i>(Emiten ordenes de compra?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a minimum amount before purchase order is issued? <i>(Es necesaria una cantidad mínima para emitir la orden de compra.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Names of authorized buyers: <i>(Nombres de los compradores autorizados.)</i>			
Authorized Signatures: <i>(Firmas Autorizadas)</i>			
U.S. Customers		Clientes radicados en Estados Unidos	
Drivers License N° <i>(N° licencia de conducir)</i>	State <i>(Estado)</i>	Exp. Date <i>(Fecha de expiración)</i>	Date of Birth <i>(Fecha de nacimiento)</i>
International Customers		Clientes Internacionales	
Passport N° <i>(N° de Pasaporte)</i>	Country <i>(País)</i>	Exp. Date <i>(Fecha de expiración)</i>	
Ship to addresses: (Please indicate addresses where your orders may be delivered. Please fill in completely.) <i>[Dirección para despachar (Favor de indicar direcciones donde se pueden entregar sus compras. Favor de llenar completamente.)]</i>			
1 -			
2 -			



**Expert Technology Group, Inc.**  
 5987 N.W. 102<sup>nd</sup> Avenue, Miami, Florida 33178  
 Phone: (305) 500-9374 – Fax: (786)-567-6256

**Bank References** *Referencias Bancarias*

Bank Name: <i>(Nombre de su banco)</i>			
Address: <i>(Dirección)</i>			
City: <i>(Ciudad)</i>	State: <i>(Estado)</i>	Zip Code: <i>(Código Postal)</i>	Country: <i>(País)</i>
Telephone: <i>(Teléfono)</i>	Account Officer Name: <i>(Oficial encargado de su cuenta)</i>		
Account N°: <i>(N° de su cuenta)</i>	Checking: <input type="checkbox"/> <i>(Cuenta Corriente)</i>	Savings: <input type="checkbox"/> <i>(Ahorros)</i>	Other: <input type="checkbox"/> <i>(Otros)</i>
Bank Name: <i>(Nombre de su banco)</i>			
Address: <i>(Dirección)</i>			
City: <i>(Ciudad)</i>	State: <i>(Estado)</i>	Zip Code: <i>(Código Postal)</i>	Country: <i>(País)</i>
Telephone: <i>(Teléfono)</i>	Account Officer Name: <i>(Oficial encargado de su cuenta)</i>		
Account N°: <i>(N° de su cuenta)</i>	Checking: <input type="checkbox"/> <i>(Cuenta Corriente)</i>	Savings: <input type="checkbox"/> <i>(Ahorros)</i>	Other: <input type="checkbox"/> <i>(Other)</i>

**Commercial References** *Referencias Comerciales*

Company Name: <i>(Nombre de la Compañía)</i>	Telephone: <i>(Teléfono)</i>	Fax:	
Address: <i>(Dirección)</i>			
City: <i>(Ciudad)</i>	State: <i>(Estado)</i>	Zip Code: <i>(Código Postal)</i>	Country: <i>(País)</i>
Payment Terms: <i>(Condiciones de Pago)</i>	Credit Limit: <i>(Límite de Crédito)</i>		
Contact: <i>(Contacto)</i>	Account N°: <i>(N° de cuenta)</i>		
Company Name: <i>(Nombre de la Compañía)</i>	Telephone: <i>(Teléfono)</i>	Fax:	
Address: <i>(Dirección)</i>			
City: <i>(Ciudad)</i>	State: <i>(Estado)</i>	Zip Code: <i>(Código Postal)</i>	Country: <i>(País)</i>
Payment Terms: <i>(Condiciones de Pago)</i>	Credit Limit: <i>(Límite de Crédito)</i>		
Contact: <i>(Contacto)</i>	Account N°: <i>(N° de cuenta)</i>		
Company Name: <i>(Nombre de la Compañía)</i>	Telephone: <i>(Teléfono)</i>	Fax:	
Address: <i>(Dirección)</i>			
City: <i>(Ciudad)</i>	State: <i>(Estado)</i>	Zip Code: <i>(Código Postal)</i>	Country: <i>(País)</i>
Payment Terms: <i>(Condiciones de Pago)</i>	Credit Limit: <i>(Límite de Crédito)</i>		
Contact: <i>(Contacto)</i>	Account N°: <i>(N° de cuenta)</i>		

All information furnished herein will be handled strictly on a confidential basis by **EXPERT TECHNOLOGY GROUP, INC.**  
*(Toda la información aquí declarada será tratada por ETG con la mayor discreción y confidencialidad)*



**Expert Technology Group, Inc.**  
**5987 N.W. 102<sup>nd</sup> Avenue, Miami, Florida 33178**  
**Phone: (305) 500-9374 – Fax: (786)-567-6256**

I have read three pages of this document, and by signing it below, I give **ETG** authority to inquire from the listed references all information pertinent to this application. Furthermore, I authorize the banks and companies given as references hereinto release to ETG information relevant to this application. I hereby certify that all information given herein is true and correct to the best of my knowledge and I understand that any incorrect information will subject this application, at the option of **ETG**, to be voided.

*(He leído este documento de tres páginas en su totalidad y suscribo mi firma a nombre de la empresa que represento, autorizando a ETG investigar o verificar, por medio de las referencias aquí proporcionadas, todos los datos pertinentes a esta aplicación. Además, por este medio autorizo a los bancos y compañías aquí indicados a proporcionarle a ETG toda la información pertinente a esta aplicación. Certifico por la presente que toda la información aquí declarada es la verdad según mis conocimientos y estoy conforme que cualquier información incorrecta justifica a ETG ejercer su opción de anular esta aplicación y negarse a aperturar la cuenta.)*

Signature: \_\_\_\_\_  
 (Firma)

Title: \_\_\_\_\_  
 (Título)

Name: \_\_\_\_\_  
 (Nombre)

Date: \_\_\_\_\_  
 (Fecha)

**Unconditional Personal Guarantee**

I, the undersigned, for and in consideration of your extending credit at my request to (Debtor) \_\_\_\_\_ (hereinafter referred to as the "Company") of which I am \_\_\_\_\_, hereby personally guarantee to EXPORT TECHNOLOGY GROUP, INC., the payment of any obligation of the Company and I hereby agree to bind myself to pay EXPORT TECHNOLOGY GROUP, INC., on demand any sum which may become due to EXPORT TECHNOLOGY GROUP, INC., by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company, I do hereby waive notice of default, non-payment and notice thereof, and consent to any modification or renewal of the credit agreement hereby guaranteed. In the event that any suit or action is instituted to collect any amount due under our account, I do hereby agree to pay, in addition to the amount owed, all legal fees incurred, including a reasonable sum for attorney's fees at trial or on appeal; also, any collection agency fees that may be incurred to collect monies due.

Owner's full name: \_\_\_\_\_ Spouse's full name: \_\_\_\_\_

Owner's social security #: \_\_\_\_\_ Spouse's social security: \_\_\_\_\_

Owner's home phone #: \_\_\_\_\_

Owner's home address: \_\_\_\_\_  
 (City) (State) (Zip)

Owner's driver license: \_\_\_\_\_ Spouse's driver license: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature: \_\_\_\_\_ Spouse's signature: \_\_\_\_\_

Name printed: \_\_\_\_\_ Spouse's name printed: \_\_\_\_\_

(MUST BE NOTARIZED FOR CONSIDERATION)

State of \_\_\_\_\_, County of \_\_\_\_\_: Sworn to and

Subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_ Signed: \_\_\_\_\_

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_. (Seal)



**Expert Technology Group, Inc.**  
5987 N.W. 102<sup>nd</sup> Avenue, Miami, Florida 33178  
Phone: (305) 500-9374 – Fax: (786)-567-6256

Bank Information Request Form

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

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Account No. \_\_\_\_\_ Account Name: \_\_\_\_\_

Gentlemen:

You are hereby authorized to release information to Expert Technology Group, Inc., regarding my account(s) at your bank. Your prompt attention towards this request will be greatly appreciated. This authorization will continue in force until you are notified to the contrary. Below is my authorized signature as it appears on you records:

Name: \_\_\_\_\_, Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**For Bank use only**

Account Opened Date: \_\_\_\_\_ Highest Credit: \_\_\_\_\_

Current Averaged Daily Balance \_\_\_\_\_ Current Amount Outstanding: \_\_\_\_\_ Secured? \_\_\_\_\_ Unsecured? \_\_\_\_\_

How is account maintained: \_\_\_\_\_

\_\_\_\_\_ Loan(s) (if any, since) \_\_\_\_\_

Does the signature and address shown above as account holder, correspond to that shown on their current signature card? \_\_\_\_\_

By (Name): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



**Expert Technology Group, Inc.**  
 5987 N.W. 102<sup>nd</sup> Avenue, Miami, Florida 33178  
 Phone: (305) 500-9374 – Fax: (786)-567-6256

For Office Use Only		Para uso exclusivo de ETG		
TRADE REFERENCES	TRADE #1	TRADE #2	TRADE #3	TRADE #4
Company Name				
Selling Since				
Terms				
High Credit				
Now Owes				
Company Check?				
NSF Checks?				
Payment Style				
Comment				
BANK REFERENCES	BANK #1		BANK #2	
Bank Name				
Account Opened				
Avg. Balance				
Cur. Balance				
NSF/Past 6 months				
Comment				

**PROCESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

---

Sales Person: \_\_\_\_\_ Sales #: \_\_\_\_\_

Comments: \_\_\_\_\_

---

Credit Dept. \_\_\_\_\_

Comments: \_\_\_\_\_

---

Recommendation: \_\_\_\_\_

Decision:  Approved  Declined

Cash / Cashiers Check Only

Company Check \_\_\_\_\_ Limit \_\_\_\_\_ Code \_\_\_\_\_

Open Terms \_\_\_\_\_ Limit \_\_\_\_\_ Days \_\_\_\_\_

By: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date: \_\_\_\_\_