



CREDIT APPLICATION

PLEASE FILL OUT AND SEND BACK TO:

ATN. OSCAR ORTIZ FAX: 011 52 (81) 8154-4009

oscar@grupoomega.com.mx

PH: 01 (81) 8154-4000

Company Info	
Legal Name	
Physical Address	
Street, number, city, state, zip	
Billing Address (if different)	
Tax Id.	
Phone Number(s)	
Fax Number:	
Type of Cargo	<input type="checkbox"/> Import (into Mex) <input type="checkbox"/> Export (out of Mex) <input type="checkbox"/> Domestic (within Mex)

Traffic			
Contact	Position	Ph.	e-mail
Operation Hours:			
Are you certified? <input type="checkbox"/> C-TPAT <input type="checkbox"/> BASC <input type="checkbox"/> ISO			

Accounts Payable	
AP Contact:	Ph:
e-mail:	
Checks are sent out on:	
What do you require on your bills? (briefly explain how you want your bills to be presented, reference numbers, proof of deliveries, to whom attention, etc.)	

Bank References			
Bank	Acct Number	Executive	Phone
1.			
2.			
3.			

Commercial References		
Vendors (At least three) *try to list vendors with a long time relationship		
Company Name	Contact	Phone
1.		
2.		
3.		

Customers (at least three)		
Company Name	Contact	Phone
1.		
2.		
3.		

Name, Position and Signature of the person who filled this application	Date

**** Please attach any documentation referred to in this document (Tax Id, Certificates, etc.)

Internal Use Only	Código:	Resultado / Fecha: