



Please help us filling out all the fields requested in this form, it is important to be as thorough as possible.
 THANK YOU VERY MUCH!

CLIENT INFORMATION

Company Name:		
Nationality:		Federal Tax ID:
Business legal structure: Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	Business Type: Importer <input type="checkbox"/> Wholesale <input type="checkbox"/> Florist <input type="checkbox"/> Other <input type="checkbox"/>	
How many locations do you have?	Established since:	
Legal Representative:		
Address, City, State, Zip, Country:		
Phone:	E-mail:	Fax:

Contacts

Buyers name:	Email & Skype:
Payments representative name:	Email & Skype:

Type of Purchases

FOB Quito <input type="checkbox"/>	FOB Miami <input type="checkbox"/>	Others <input type="checkbox"/> _____ Specify
If FOB Miami, please specify, Truck company:		Account number:

COMMERCIAL REQUIREMENTS

Buying Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
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TRADE REFERENCES

Cargo Agency Name:	Contact:	Supplier since:	Tel:
Cargo Agency Name:	Contact:	Supplier since:	Tel:
Farm Name:	Contact:	Supplier since:	Tel:
Farm Name:	Contact:	Supplier since:	Tel:
Farm Name:	Contact:	Supplier since:	Tel:
Other trade reference:	Contact:	Supplier since:	Tel:

Please take into account for future references Qualisa's accounts payable and collections representatives:
 Andrea Caballero – logistics@qualisa.com – skype: andrea.caballero.qualisa – tel:+593 2 5157247

CREDIT TERM:

Credit term will vary according to the client's credit reference.

PAYMENTS - We kindly ask you to send us the wire transfer or check copy (scanned) by e-mail, in order to give you a better service tracking your payment.

Andrea Caballero – logistics@qualisa.com – skype: andrea.caballero.qualisa – tel:+593 2 5157247

I hereby certify that I am authorized to sign and submit this application on behalf of the applicant.

Understood, accepted and agreed upon:

Name: _____ Title: _____

Signature: _____ Date: _____



QUALITY SERVICE S.A. "QUALISA"

CLIENT ACCOUNT ACTIVATION FORM

QUALISA®