

Main Office: Miami, FL. USA. +305.403.2835 • Internacional Offices: Colombia +571.703.1559 • Panama +507.229.7596 • Costa Rica +506.4000.2200

## SECTION 1: (GENERAL INFORMATION) COMPANY INFO

Legal name:			
Commercial name:			
Corporate ID #			
Phone numbers:		Fax:	
Website:			
Physical address:			
No. of employees:	1 to 10: <input type="checkbox"/>	11 to 20: <input type="checkbox"/>	21 to 30: <input type="checkbox"/> Over 31: <input type="checkbox"/>

### COMMERCIAL ACTIVITY (Choose the category of products you distribute with an X)

Security: <input type="checkbox"/>	CCTV: <input type="checkbox"/>	Computers: <input type="checkbox"/>	Point of Sale: <input type="checkbox"/>	Printers: <input type="checkbox"/>	Mobile devices: <input type="checkbox"/>
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### LEGAL REPRESENTATIVES

Name (1):	Phone:
ID number:	E-mail:
Physical address:	
Name (2):	Phone:
ID number:	E-mail:
Physical address:	

## SECTION 2: (BUSINESS MODEL)

Wholesale: <input type="checkbox"/>	Retail: <input type="checkbox"/>	Distributor: <input type="checkbox"/>	Integrator: <input type="checkbox"/>	Final user: <input type="checkbox"/>
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### MAIN CONTACTS

President:	Ph:	E-mail:
General Manager:	Ph:	E-mail:
Sales Manager:	Ph:	E-mail:
Purchase Manager:	Ph:	E-mail:
Admin. Manager:	Ph:	E-mail:
Accounts Payable Officer:	Ph:	E-mail:

### PEOPLE AUTHORIZED TO MAKE PURCHASES

Name 1:	ID #
E-mail:	Cell/Ext:
Name 2:	ID #
E-mail:	Cell/Ext:
Name 3:	ID #
E-mail:	Cell/Ext:

### PEOPLE AUTHORIZED TO SIGN INVOCES AND/OR PICK UP MERCHANDIZE

Name1:		ID #	
E-mail:		Cell/Ext:	
Name 2:		ID #	
E-mail:		Cell/Ext:	
Name 3:		ID #	
E-mail:		Cell/Ext:	

### AUTHORIZED COURIER/TRANSPORTATION COMPANIES

Company 1:		Phone:	
Representative:		E-mail:	
Address:			
Company 2:		Phone:	
Representative:		E-mail:	
Address:			

### SECTION 3: REFERENCES

#### BANKING REFERENCES

<b>ACCOUNT #1</b>	Bank:		Account type:	
	Average monthly balance:		Account age:	
<b>ACCOUNT #2</b>	Bank:		Account type:	
	Average monthly balance:		Account age:	

#### COMMERCIAL REFERENCES

Ref. Company 1:		Phone:	
Authorized official:		Website:	
Address:		E-mail:	
Credit line:	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	Credit age:	
Ref. Company 2:		Phone:	
Authorized official:		Website:	
Address:		E-mail:	
Credit line:	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	Credit age:	

#### DOCUMENTS THAT MUST BE PRESENTED ALONG WITH THIS FORM

- Photocopy of the legal representative's identification card.
- Photocopy of a certification of corporate inscription, no older than three months (Only required in Costa Rica).
- Copy of the company's legal inscription documents.
- Original letter of reference from your bank(s).
- Original letter from your commercial references.

In my condition as Legal Representative with the necessary authority to do this, I ask that this registration form, which I declare to have read and understood completely, be accepted. Furthermore, I assert that all of information given in it is real and correct.

Name, signature and ID number of the Legal Representative.

Thanks for expressing your interest in doing business with Bayshore Technologies Latin America, your wholesale specialist in commercial automation. Your registration form will be reviewed and processed as soon as all the required information is delivered. You will receive our response within five business days.

INTERNAL USE ONLY

Decision:      APPROVED ☐      DENIED ☐      Code assigned

Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_