



Mean well colombia Distribuidor exclusivo.

Solicitud de crédito

FECHA: _____

Persona que llena la solicitud: _____

INFORMACIÓN DE LA EMPRESA (OFICINA PRINCIPAL)

EMPRESA: _____

DIRECCIÓN: _____

CIUDAD: _____ DEPARTAMENTO: _____

TEL: _____ FAX: _____

CONTACT NAME: _____ TITLE: _____

COMPANY INFORMATION (DISTRIBUTOR OFFICE)

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: _____ FAX: _____

CONTACT NAME: _____

IDENTIFICATION NUMBERS (US ONLY)

FEDERAL TAX ID# _____

STATE SALE TAX# _____

RESALE ID # _____

BANK INFORMATION (US and FOREIGN CONTRY)

BANK NAME: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: _____ FAX: _____

CONTACT NAME: _____ TITLE: _____

ACCOUNT #: _____ TYPE: _____

ACCOUNT #: _____ TYPE: _____

REFERENCES (U.S.)

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEL: _____ FAX: _____
CONTACT NAME: _____ TITLE: _____

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEL: _____ FAX: _____
CONTACT NAME: _____ TITLE: _____

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEL: _____ FAX: _____
CONTACT NAME: _____ TITLE: _____

REFERENCES (FOREIGN COUNTRY)

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEL: _____ FAX: _____
CONTACT NAME: _____ TITLE: _____

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEL: _____ FAX: _____
CONTACT NAME: _____ TITLE: _____

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEL: _____ FAX: _____
CONTACT NAME: _____ TITLE: _____

CONTACT NAME: _____
AUTHORIZED PURCHASER NAME: (S) _____

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