

## Crestmark Bank

625 North Flagler Drive, Suite 400 ~ West Palm Beach, Florida 33401

### CREDIT APPROVAL INFORMATION

Corporate and Reference Data

Client Name \_\_\_\_\_ Andes International \_\_\_\_\_ Representative \_\_\_\_\_

Credit Department: **CIT GROUP/COMMERCIAL SERVICES, C/O CRESTMARK BANK**

Phone: 561-833-7006 Fax: 561-833-9968

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Street Address \_\_\_\_\_ Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ State of Incorporation \_\_\_\_\_

- Corporation
- Proprietorship
- Partnership

Officers (Corporation)

Partners (Partnership)

Owner (Proprietorship)

Pres.		
V-Pres.		
Treas.		

#### NAME OF SUPPLIERS

Name/Factor	Street Address
Telephone #	City State Zip
Name/Factor	Street Address
Telephone #	City State Zip
Name/Factor	Street Address
Telephone #	City State Zip
Name/Factor	Street Address
Telephone #	City State Zip
Name/Factor	Street Address
Telephone #	City State Zip

#### NAME OF BANK

Name	Street Address
Telephone #	City State Zip
Name	Street Address
Telephone #	City State Zip

#### NAME OF FACTOR

Name	Street Address
Telephone #	City State Zip

The undersigned authorizes the above bank(s) to release credit information to Crestmark Bank and/or CIT Group/Commercial Services, Inc.

Signature \_\_\_\_\_ Account # \_\_\_\_\_ Date \_\_\_\_\_