



# Request Credit

Code:	TX-R-10-06
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TEXPERT S.A. DE C.V.

DATE:

COMPANY NAME:		
GENERAL MANAGER:		
OWNER:		
ADDRESS:		
ZIP CODE:	CITY:	COUNTRY:
PHONE:		
TAX ID:	NUMBER OF EMPLOYESS:	
REQUESTED CREDIT:	DAYS REQUESTED:	
APPROXIMATE VALUE OF THE BUSINESS:	MONTHLY SALES:	
OWN OR RENTAL LOCATION:	M2 APPROXIMATE:	
PURCHASING DEPARTMENT EMAIL:		
ACCOUNTS PAYABLE DEPARTMENT EMAIL:		
BANK INFORMATION:		
BANK:	BRANCH:	ACCOUNT NUMBER:
BANK:	BRANCH:	ACCOUNT NUMBER:
COMMERCIAL REFERENCES:		
NAME:	TELEPHONE:	
ADDRESS:	CONTACT:	
NAME:	TELEPHONE:	
ADDRESS:	CONTACT:	
NAME:	TELEPHONE:	
ADDRESS:	CONTACT:	
OTHER BUSINESS:		
BY THIS CONDUCT I AUTHORIZE TEXPERT S.A. DE C.V TO CARRY OUT INVESTIGATIONS AND PERIODIC MONITORING ON THE CREDIT BEHAVIOR OF THE COMPANY THAT I REPRESENT IN THE CREDIT INFORMATION COMPANIES THAT I PREFER. LIKEWISE, I DECLARE THAT I KNOW THE NATURE AND SCOPE OF THE INFORMATION THAT WILL BE REQUESTED AND UNDER PROTEST OF TELLING THE TRUTH, I AGREE TO BE THE LEGAL REPRESENTATIVE OF THE COMPANY MENTIONED IN THIS AUTHORIZATION. THIS AUTHORIZATION WILL ONLY BE VALID WHEN TEXPERT S.A. DE C.V. HAVE THE ORIGINAL.		
_____ NAME AND SIGNATURE OF THE LEGAL REPRESENTATIVE		
FOR EXCLUSIVE USE OF TEXPERT S.A. DE C.V.		
INVESTIGATION DATE:		
INVOICE B.N.C.:		