

**CYBERTECH LIFE INC.**  
 3850 NW 114 AVENUE, DORAL, FL, 33178  
 New Client Application



**Name/Address**

FULL NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_ TAX ID No. \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Company Information**

TYPE OF BUSINESS \_\_\_\_\_ IN BUSINESS SINCE \_\_\_\_\_ LEGAL FORM  
 Corporation  Partnership  Proprietorship

NAME OF COMPANY OFFICER / OWNERS \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF COMPANY OFFICER / OWNERS \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

**Bank References**

Institution Name _____	Institution Name _____	Institution Name _____
Account No. _____	Account No. _____	Account No. _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____

**Trade References**

Company Name _____	Company Name _____	Company Name _____
Contact Name _____	Contact Name _____	Contact Name _____
Address _____	Address _____	Address _____
Phone _____	Account Opened Since _____	Phone _____
Credit Limit _____	Current Balance _____	Credit Limit _____
		Account Opened Since _____
		Current Balance _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine new account approval. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Distritech, LLC and/or its affiliates in order to verify the information contained herein.

[www.ctlife.us](http://www.ctlife.us)

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE