



Merchant # _____

Account # _____

805 E. Expressway 83
Mission, Texas 78572
Phone (956) 585-1601 Fax (956) 519-5580

Approved Date: _____

Credit Application to: Hidalgo County WIC Program and other Merchants.

Legal Name of Business: Hidalgo County Phone #: (956) 381-4646

Trade Name of Business: _____ Phone #: (_____) _____

Physical Address 3105 W. University Drive City: Edinburg State: Texas ZIP: 78539

Billing Address: 3105 W. University Drive City: _____ State: _____ ZIP: _____

Contact Name: Margarita Gonzalez Title: Division Grant Manager II

Phone No.: (956) 381 - 4646 ext.: 4042 FAX (956) 381 - 0017

E-mail: maque.gonzalez@wic.co.hidalgo.tx.us

Type of Business: Corporation LLC Sole Owner Partnership

Have the Company, or its principal owner's filed bankruptcy in the last 7 years? No

Sole Owners or Partnerships: please print owner/partners' name(s): _____

Please list Subsidiaries, Affiliates, or Franchises: _____

Was Business purchased from a previous owner? No Date of Purchase: ____/____/____

Principal Contact at Company: Clarissa Ramirez - WIC Director Date Business began operating: 10 / 01 / 1976

Amount of Credit Requested: \$ _____ Date: 09 / ____ / 2020

Federal Tax ID: 746000717 Is Company Tax Exempt? Yes Is Purchase Order Required? Yes

Expected Monthly Credit Requirements from Spikes Ford OPEN

Name	City/State	Acct#/Bank Officer	Phone #
Bank 1 _____			(_____) _____
Bank 2 _____			

Please list four largest 30 day trade or credit references

Company Name: BIC Development

Contact Name: Belinda Menchaca Position: _____ Phone No.: (956) 383-6295

Fax No.: (956) 383 - 1633 E-mail: bmenchaca@bicinvestments.com

Company Name: SPI Ventures LLP

Contact Name: Lawrence Gonzalez Position: Owner Phone No.: (956) 716-4850

Fax No.: (956) 716 - 4876 E-mail: lgonzalez9@rgv.rr.com

Company Name: GBB Rental LTD

Contact Name: SPENCER BELL Position: Manager Phone No.: (956) 551-7662

Fax No.: (956) 968 - 9222 E-mail: sbell2870@yahoo.com

Company Name: Gulf Coast Paper

Contact Name: JORGE GUERRA Position: Sales Representative Phone No.: (956) 739-6846

The Company applying for credit in this application ("Company") has requested credit from merchants listed above and any other merchant (collectively merchants") from whom Spikes Ford may from time to time purchase accounts receivable. Company is furnishing the information and an agreement herein solely at the merchant's request to obtain credit from merchants and understands that Spikes may refuse to purchase account of the company from any of the merchants at any time without notice to Company or any other party. All parties listed above and, with or without notice to Company any merchant may receive a copy of this application and all such parties are authorized to release credit information concerning Company to Spikes. Company understands that all accounts are due on the 10th day of the calendar month after the calendar month of the statement date. If Spikes, after Company's refusal to pay, collects through an attorney any indebtedness related to any merchant account assigned to Spikes, the Company shall pay all collection costs, including a reasonable attorney's fees.

Signed _____ Title: _____ Date: ____/____/____

Personal Guaranty

The undersigned jointly, severally and unconditionally guarantee the payment when due of all invoices/accounts purchased by Spikes Ford from any Merchant.

Signed _____ SSN# _____ - _____ - _____ Date: ____/____/____