

CONFIDENTIAL CREDIT APPLICATION

Legal Name: Hidalgo County Facilities Management Year Business Est: _____

DBA: _____ D&B #: _____

MAILING Address: 3100 S. Bus. HWY 281

City: Edinburg State: TX ZIP: 78539 Type of Business/Product: County Government

Phone: (956) 289-7850 Alternate Phone: (_____) _____

PHYSICAL Address: 3100 S. Bus. HWY 281

City: Edinburg State: TX ZIP: 78539

Initial Order Amount: \$ _____ Credit Limit Desired: \$ 3,000

EMAIL Address for invoicing: invoices.facilities@co.hidalgo.tx.us

Purchase Order Required: YES NO

Any Additional Requirements (online billing, tax exempt, etc.): Tax Exempt

COMPANY OFFICERS or PARTNERS

1. _____
NAME TITLE PHONE

2. _____
NAME TITLE PHONE

3. _____
NAME TITLE PHONE

IF BRANCH or SUBSIDIARY, Name of Parent Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

REFERENCES • Standard reference sheet may be attached for your convenience. Please confirm application is signed below for expedited processing.

• **BANK**

Bank Name: _____ City: _____ State: _____ Phone: _____

Business Checking Acct #: _____ Loan Officer/Acct Manager: _____

• **TRADE** (List four [4] trade references open two [2] years or more)

1. Name: _____ 3. Name: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

2. Name: _____ 4. Name: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

AUTHORIZATION / ACKNOWLEDGEMENTS: The undersigned Authorizing Officer instructs any bank, business or consumer reporting agency to furnish any information they may have or obtain in response to credit/reference inquiries and agree that such information, along with this credit application, shall remain your property whether or not credit is extended. Payment Terms: Net 30 days. A finance charge will be added to all past due balances. Buyer also agrees to pay all legal fees incurred in collection of past due accounts to the extent permitted by law. **(Do not alter.)**

X _____
SIGNATURE PRINT NAME TITLE DATE

SECTION BELOW MUST BE COMPLETED IF APPLICANT IS A PROPRIETORSHIP, PARTNERSHIP, OR CORPORATION LESS THAN TWO (2) YEARS IN BUSINESS:

The undersigned Individual Guarantor accepts the terms and conditions of this credit application and executed purchase orders, proposals, contracts between buyer and seller whether either a credit or COD account is opened. The undersigned also guarantees payment of all charges and expenses incurred by the applicant.

X _____
SIGNATURE NAME of GUARANTOR

SOCIAL SECURITY # RESIDENCE ADDRESS