



OFFICE USE ONLY

Branch _____

Customer # _____

Credit Limit _____

Approved Date _____

Denied Date _____

PLEASE RETURN THIS FORM TO: → Credit fax: _____ or email: cssncreditadmin@cummins.com

Cummins Inc.

PHONE:

CUSTOMER CREDIT APPLICATION

Thank you for your interest in an open line of credit. To expedite our credit process and to establish your sales tax exemption, please fill out all requested information and sign the forms. Alternatively, you may include a complete financial and credit reference sheet.

PART 1: PLEASE TELL US ABOUT YOUR COMPANY

Hidalgo County Facilities Management

Legal Name of Business 3100 S. Business HWY. 281	City and State Edinburg, TX	Date Business Started 78539
Mailing Address 3100 S. Business HWY. 281	City and State Edinburg, TX	Zip Code 78539
Ship to Address (956)289-7850	City and State	Zip Code
Telephone Number Alma Gonzalez	Fax Number 4352	Email Address Alma.gonzalez@co.hidalgo.tx.us
Accounts Payable Contact	Number or Extension	Email Address
Type of business: Government Entity		

Is Purchase Order required? Yes No Is a monthly paper statement required? Yes No Credit Line Requested? \$ **50,000**

PART 2: PLEASE PROVIDE SOME BUSINESS INFORMATION

Check legal status: Corporation Partnership Proprietorship LLC Government Entity

List principal stockholders, officers, partners, etc.:

Name	Title	Name	Title
_____	_____	_____	_____
Address, City, State, Zip		Address, City, State, Zip	

- Have there been any filings of litigation or is there any litigation pending against you or your company at this time?
 No Yes If yes, please explain on separate page.
- Has your company filed bankruptcy within the last seven years?
 No Yes If yes:
 Chapter 7 Chapter 11 Chapter 13

List principal bank:

Name of Bank	Account Number	Address, City, State, Zip
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List three trade references (please complete all fields):

Company Name	Company Name	Company Name
_____	_____	_____
Account Number	Account Number	Account Number
_____	_____	_____
Address	Address	Address
_____	_____	_____
City, State & Zip	City, State & Zip	City, State & Zip
_____	_____	_____
Telephone	Fax Number	Telephone
_____	_____	_____
Telephone	Fax Number	Telephone
_____	_____	_____

PART 3: SALES TAX EXEMPTION CERTIFICATE – IF SALES TAX EXEMPT, PLEASE INCLUDE A SIGNED COPY OF YOUR EXEMPTION CERTIFICATE.

PART 4: PAYMENT TERMS – Subject to credit approval, payments are due thirty (30) days from the date of the invoice unless otherwise agreed in writing. If the applicant does not have approved credit, as determined by Cummins Inc., payments are due in advance or at the time of the sale or service. If payment is not received when due, in addition to any rights Cummins Inc. has under the law and charges that Cummins Inc. may levy under statute, including attorneys' fees and costs of collection, Cummins Inc. may charge the applicant eighteen percent (18%) interest annually, or the maximum amount allowed by law, on late payments.

PART 5: STATEMENT POLICY – Statements and invoice copies can be accessed online at www.cummins-distributors.com. If you require paper statements, please contact the Credit Department.

PART 6: CREDIT AUTHORIZATION

The applicant hereby applies for credit to Cummins Inc. In doing so, the applicant authorizes Cummins Inc. to investigate the information provided herein and to contact any bank, financial institution, credit reference, credit reporting agencies, or supplier that is doing or has done business with the applicant so as to obtain information concerning the applicant.

The applicant understands that any credit given will be subject to extension, continuation or discontinuation at the sole discretion of Cummins Inc.

If a sole proprietor or partnership: I recognize that my credit history may be a factor in the evaluation of the credit history and application for credit with Cummins Inc. I hereby give authorization to Cummins Inc. to obtain my consumer report periodically, as deemed necessary, in the ongoing credit evaluation process affecting my company identified herein.

The terms of any credit given by Cummins Inc. to the applicant shall be set in Cummins Inc.'s sole discretion and may be changed by Cummins Inc. without notice to the applicant.

By signing this application on behalf of the applicant, I hereby represent that I am authorized to submit this application and bind the applicant and that at all of the information contained herein, any attachments hereto, and any information provided in accordance herewith are true and correct, and I agree to the terms and conditions as stated above.

APPLICANT: _____
(Company Name)

DATE: _____

BY: X _____
(Authorized Signer)

TITLE: _____