(575) 769-2215 office
4900 Mabry Drive
Clovis, NM 88101
(575) 935-2235 fax
randdservice@outlook.com

TERMS: 2% 10TH, NET 30

APPLICATION FOR CREDIT

FROM:

NAME _____ TELEPHONE (____) _____

STREET _____ NUMBER OF YEARS AT ADDRESS _____

MAILING ADDRESS _____ PHONE TO CONTACT _____

CITY _____ STATE _____ ZIP _____ SOCIAL SECURITY OR EIN _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL-ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

FOR: ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐ INDIVIDUAL ☐ INCORPORATED WITHIN LAST 12 MONTHS

OWNERSHIP:

NAME(PRESIDENT) _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME(SECRETARY) _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS REFERENCES:

NAME _____ ADDRESS _____ CITY & STATE _____ TELEPHONE(____) _____

NAME _____ ADDRESS _____ CITY & STATE _____ TELEPHONE(____) _____

NAME _____ ADDRESS _____ CITY & STATE _____ TELEPHONE(____) _____

NAME _____ ADDRESS _____ CITY & STATE _____ TELEPHONE(____) _____

NEAREST RELATIVE NOT LIVING WITH YOU _____ ADDRESS _____ TELEPHONE(____) _____

CREDIT TERMS

STATEMENTS WILL BE MAILED SO YOU HAVE STATEMENT IN HAND BY THE FIRST DAY OF EACH MONTH. To the customers that have paid their bill promptly, we sincerely appreciate you and wish to thank you for your business and method of payment. We will credit you account 2% IF WE RECEIVE FULL PAYMENT BY THE 10TH OF THE MONTH.

ANY PAYMENTS AFTER THE 10TH WILL BE NET
THE 15TH YOU WILL BE SENT A REMINDER NOTICE OF YOUR PAST DUE BALANCE
THE 20TH WE WILL CALL TO REMIND YOU
THE 25TH YOUR ACCOUNT WILL BE CHARGED 1 1/2% INTEREST AS WELL AS A LATE CHARGE.
THE 1ST OF THE NEXT MONTH YOUR ACCOUNT WILL BE PLACED ON C.O.D.

PLEASE FURNISH A NEW MEXICO TAX EXEMPTION CERTIFICATE, IF YOU ARE EXEMPT.

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT I HAVE READ AND UNDERSTOOD, AND WILLING TO COMPLY WITH YOUR TERMS.

SIGNATURE _____

FOR OFFICE USE ONLY

CREDIT LIMIT _____

REFERENCES CHECKED BY _____ DATE _____ DATE ACCOUNT OPENED _____

REMARKS _____

APPROVED BY _____ DATE _____

REFUSED BY _____ DATE _____ REASONS _____