

Credit Application Form



BUSINESS CONTACT INFORMATION

Name of Firm				DBA		
Mailing Address						
	City		State		Zip Code	
Physical Address						
	City		State		Zip Code	
Phone				Website		

TYPE OF ENTITY

<input type="checkbox"/> Corporation	
<input type="checkbox"/> Limited Liability Company	Resale#
<input type="checkbox"/> Limited Partnership	Federal Tax I.D.#
<input type="checkbox"/> Partnership	DUNS #
<input type="checkbox"/> Sole Proprietorship	Business Start Date

OWNERSHIP

Name of Owner				Phone		
Address						
	City		State		Zip Code	
Name of Owner				Phone		
Address						
	City		State		Zip Code	

BUSINESS FINANCIAL INFORMATION

Billing Address				AP Contact		
	City		State		Zip Code	
Phone		Fax		Email		
Tax Exempt	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ever Filed Bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how long ago?
Bank Name				Contact Name		Email
Bank Address				Phone #		
	City		State		Zip Code	
Checking a/c#		Savings a/c#		Other		
Primary account holder				Years with institution		
Annual Sales						

BUSINESS TRADE REFERENCES

1. Company Name				Name		Email	
Address							
City		State		Zip Code			
2. Company Name				Name		Email	
Address							
City		State		Zip Code			
3. Company Name				Name		Email	
Address							
City		State		Zip Code			

LANDLORD

Name				Contact Person		Phone	
Address							
	City		State		Zip Code		

ENTITY DOCUMENTATION REQUIRED

<input type="checkbox"/> Corporation: Please provide a copy of the articles of incorporation and include which stated you are in incorporated in
<input type="checkbox"/> Limited Liability Company: Please provide a copy from Secretary of State of Organization papers
<input type="checkbox"/> Limited Partnership, Partnership or Sole Proprietor:
<input type="checkbox"/> All: Please provide a copy of your business license if the city you do business in if it requires a business license.

REQUEST

Amount of Credit Requested			
Payment Personally Guaranteed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, by		Position in the company	

1. By submitting this application for credit, you authorize **Buendia Enterprises, Inc.** or affiliate, to make any inquiries necessary you determine credit worthiness.
2. All invoices are to be paid as per the credit terms to be approved by **Buendia Enterprises, Inc.** Unpaid invoices past due date will be subject to 1.5% monthly finance charge.

We certify that all information on this form is complete and accurate as of the date of this application and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

PERSONAL GUARANTEE

<p>The within guarantee is made for the benefit of, and to obtain credit on a continuing basis from _____.</p> <p>The undersigned hereby guarantees the performance of all obligations of _____, including but not limited to payment of all present and future indebtedness to Buendia Enterprises, Inc. whether secured or unsecured and regardless of how the indebtedness is represented or incurred and regardless of prior notice, demand or pursuit of remedies against the party primarily liable. The undersigned consents to any extension or alteration of any obligation and guarantees such without prior notice. This guarantee shall continue in effect until the undersigned has notified Buendia Enterprises, Inc. in writing via certified mail of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising thereunder prior to receipt of such written notice.</p> <p>The undersigned hereby authorizes Buendia Enterprises, Inc. or its agent to investigate his/her credit and authorizes any bank, mortgage lender or landlord, credit reference or any other party to release information to Buendia Enterprises, Inc. or its agent, and hold harmless for said disclosure. The undersigned grants a security interest in all goods sold, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation.</p>			
Authorized Signature		SSN	
Print Name		Date	

PRINT, SIGN, SCAN & EMAIL THIS FORM AT CREDIT@BUENDIAinc.com
 For questions, you may call our credit department (281) 789-7197

INTERNAL USE	Reviewed by	Credit Terms	Approved by
		<input type="checkbox"/> COD <input type="checkbox"/> Net 15 Days	