

Instore Credit Account NET-30 Form

INSTRUCTIONS:

**One form per parent company account. We will contact you when approved.
Please go to www.alamofiesta.com, register online, and submit form under the Charge Account Section.**

General Business Information

Company / Institution Name:		Purchaser or Contact Name:
Website:	Phone:	Fax:
Current Bill-to Address:		
City:	State:	ZIP:
Other address: (If different from Billing):		
City:	State:	ZIP:

Accounts Payable Department

Payables Contact:	Our Vendor Number:	DUNNS # (If known):
Phone (w/ ext):	E-mail:	Fax:

Questionnaire

- *1. How many years has the business been open [franchise location]? _____
- *2. Have you or your corporation ever declared bankruptcy or has had credit problems before? (YES / NO)
- *3. Does your company issue Purchase Orders? (We require a PO# on all Credit Orders) (YES / NO)
- *4. Please provide at least three credit references on page # 2. (1 Bank, 2 Business) Or attach reference sheet.

Approved Buyer Name(s) to use Open Credit Terms in Physical Store

OPEN ACCOUNTS: _____

Notice: Buyers will be asked for a photo I.D. upon in store transactions. PO will be their names. All other require a Purchase Order # issued by company.

Authorization and Declaration of Payment Responsibility

I give full authorization to the buyer(s) above to access our store credit account(s) for purchases at Fiesta On Main physical store. All merchandise put into this charge account in store or on the website will be paid back in full 30 days (Net-30) from the date of purchase including all incurred shipping charges and late fees. I will hold Mexico Worldwide, LLC. and its subsidiaries harmless of any fraudulent transactions that may occur from the use of this credit account. I also give authorization for Mexico Worldwide, LLC. and its subsidiaries to do a background and credit report check to see if I or my company qualifies for credit. I agree that the invoices will be sent electronically via email. Under penalties of perjury, I swear or affirm that the information provided on this form is true and correct as to every material matter.

<p style="text-align: center;">Signature of Owner or Authorized Purchasing Manager</p> <p style="text-align: center;">X -----</p>	<p style="text-align: center;">Date</p>
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Bank Credit Reference

Company Name (please provide parent company, if applicable) :

Contact Name

Phone:

Account #:

Current Address:

City:

State:

ZIP:

How many years have you done business with this company or institution? _____

Business Credit Reference

Company Name (please provide parent company, if applicable) :

Contact Name

Phone:

Account#:

Current Address:

City:

State:

ZIP:

How many years have you done business with this company or institution? _____

Business Credit Reference

Company Name (please provide parent company, if applicable) :

Contact Name

Phone:

Account#:

Current Address:

City:

State:

ZIP:

How many years have you done business with this company or institution? _____