



Financial Data Sheet

Incomplete Application will Delay Process

3511 Gibson Blvd SE

Albuquerque, NM 87106

(505)308-5686

Company ☐ Individual ☐ Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

Is a Purchase order required to make purchases to this account? ☐ YES ☐ NO

Corporate Use Only			
Prepaid Account (Y/N) ?	Status:	Price Code:	Acct. Type:
Account Rep:	Credit Limit:	Credit Range:	
Notes:			

Owner Information

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date Business Established: _____

Corporate Use Only		
Billing Day:	Customer Type:	Xtra Code:

Primary Contact: _____ Phone #: _____

A/P Contact: _____ Phone #: _____

Incorporated? Yes ☐ No ☐ Proprietorship? Yes ☐ No ☐

Tax ID #: _____ Tax Type: _____

(Please send copy and forward Original)

Social Security #: _____ (Must be Complete #)

Corporate Use Only		
Billing Cycle: M	Who Approved:	Stmt Type:
Print Invoice w/ Statement (Y/N) ?	See Mgr (Y/ N)?	
Taxable (Y/N) ?	Tax Code 1:	Dun & Bradstreet #:
Apply Credits Automatically (Y/N) ?	Apply Current Months Credit (Y/N)?	
Notes Category: 1		

List all authorized Signers allowed to charge to this account: (Print Name Clearly)

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____

References:

Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

Bank References:

Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Officer: _____ Account #: _____
Type of Account: _____

I or We, promise to pay the reasonable and stated value for all goods and services provided by HHC Supply: A Division of Hacienda Home Centers, Inc. If it becomes necessary to turn this account over for collections. I agree to pay all costs, expenses, and a reasonable attorney's fee. All sums are due and payable by the 10th of the month. I agree to pay interest at the rate of 1 ¾% per month on any sums over 30 days past due. By signing below, purchaser authorizes any financial institution, corporation credit reporting agency, employer or bank to release any information of purchasers' records and/ or accounts that may be deemed necessary.

Signature: _____ Date: _____
Title: _____

NOTE: Please return to store for processing or email completed form to: carolyns@hhcnm.com