



APPLICATION TO DO BUSINESS

Que Tenga Buena Mano

PO BOX 762 SANTA FE, NM 87504
(505) 983-2358 (505) 310-1836
www.buenamano.us
quetengabuenamano@gmail.com

Please Fax or Email Your Application

Name of Business:	
Buyer Contact :	
Accounts Payable Contact: (if different from buyer)	
Federal Tax ID Number:	
State Business Registration Number:	
Primary Type of Product Business Carries:	
Billing Address:	
Shipping Address:	
Telephone:	
Fax:	
Email:	
Web Address:	
NTTC Number (if you are a NM business)	

Please provide us with two business references:

1. Business Name:

Contact Person:

Phone Number:

2. Business Name:

Contact Person:

Phone Number:

NOTE: If you are a NM business, please fax or email a copy of your Non-taxable transaction certificate with your application.

X

Authorized Signer

Date