

Please complete this application for credit ("AGREEMENT") to establish an account ("ACCOUNT") with Gemaire Distributors LLC, and/or Heating & Cooling Supply LLC ("CREDITOR"). This AGREEMENT will also apply to any of the CREDITOR'S successors in interest, affiliated companies, subsidiaries, and/or assigns with whom you may do business now and/or in the future. The "Open Credit Account and Security Agreement", and, unless otherwise approved by the CREDITOR, the "Personal Guaranty" must be executed before this AGREEMENT can be reviewed promptly. Any areas intentionally left blank should be completed with an "N/A", or "NONE", etc. CREDITOR will rely on the information provided to determine the type and payment terms of the ACCOUNT to be provided. Please PRINT all of the information where requested.

Business' Legal or Incorporated Name: HIDALGO COUNTY BUILDINGS

DBA, Fictitious, or Trade Name(s) used (if applicable): HIDALGO COUNTY BUILDINGS

Street Address: 3100 S. Bus. Hwy. 281

Bill To: Hidalgo County Buildings and Grounds

City: Edinburg County: Hidalgo State: TX Zip code: 78539

Phone#: (956) 289-7850 Fax#: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Send Invoices and Statements by Email to: Invoices.Facilities@Co.Hidalgo.tx.us

Send Invoices and Statements by Fax to: \_\_\_\_\_

**NOTE: ALL PURCHASES ARE SUBJECT TO SALES/USE TAX. IF YOUR BUSINESS IS SALES TAX EXEMPT, A COPY OF YOUR TAX/USE EXEMPTION CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION.**

**A. FOR THE PRINCIPALS LISTED WITH THE SECRETARY OF STATE, OR FOR ALL THE PRINCIPALS OF YOUR BUSINESS, PROVIDE THE INFORMATION REQUESTED BELOW ON THESE INDIVIDUALS. IF NEEDED, PLEASE ADD ANY ADDITIONAL INFORMATION ON YOUR COMPANY'S LETTERHEAD.**

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Driver's License#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Driver's License#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Driver's License#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_



**Customer Account Profile  
Gemaire Distributors LLC and Affiliated Companies**

Please complete this Customer Account Profile ("AGREEMENT") to establish an account ("ACCOUNT") with Gemaire Distributors LLC ("CREDITOR"). This AGREEMENT will also apply to any of the CREDITOR'S successors in interest, affiliated companies, subsidiaries, and/or assigns with whom you may do business with in the future.

Agency/Institution/Business Name: \_\_\_\_\_ Department Name: \_\_\_\_\_

Billing Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Contact Name #1 \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Name #2 \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Classification:     Educational     Government     Other Federal Tax ID Number: \_\_\_\_\_

Are you Tax Exempt?     YES     NO (If "YES", a copy of your Tax Exemption Certificate or document must be attached.)

Desired Credit Limit: \$ 10,000.00    Are Purchase Orders required?     YES     NO

We prefer to send to our Customers all Monthly Statements, Invoices, and Marketing material by Email or Fax. Please inform us of the means by which you prefer to receive these:     Email: \_\_\_\_\_     Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Printed Name of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Person

**Gemaire Distributors**  
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