



GALLS INTERNAL USE ONLY	
Date of Approval	
Approver Initials	

FROM: GALLS CREDIT DEPT  
 EMAIL: [CREDIT@GALLS.COM](mailto:CREDIT@GALLS.COM)  
 PHONE: 866.286.1360  
 FAX: 859.268.5946  
 ADDRESS: 1340 Russell Cave Rd.  
 Lexington, KY 40505

**KNOW YOUR CUSTOMER FORM  
 APPLICATION FOR NET 30**

This form should be signed and returned using the email or fax number listed above.

The purpose of this form is to ensure that the identity of our clients is properly verified to achieve compliance with Galls, LLC due diligence policies regarding account credit limits and that your Galls Net 30 account matches your agency/company's current configuration. Information in the fields with an asterisk (\*) are required.

ACCOUNT #		ORDER #	
* COMPANY NAME:	Hidalgo County	D.B.A. (if applicable)	
* PHONE NUMBER:	956-318-2615	* FAX NUMBER:	956-289-7889
* ACCOUNTS PAYABLE CONTACT:	Sonia Gonzalez	* ACCOUNTS PAYABLE EMAIL:	sonia.molina@co.hidalgo.tx.us
* PURCHASING CONTACT:	Sonia Gonzalez	* PURCHASING EMAIL:	sonia.molina@co.hidalgo.tx.us
<b>BILL TO:</b>			
* ADDRESS:	100 E Cano St., 2nd Floor		
* CITY:	Edinburg	* STATE:	TX
		* ZIP CODE:	78539
<b>SHIP TO:</b>			
* ADDRESS:	123 W. Mahl St.		
* CITY:	Edinburg	* STATE:	TX
		* ZIP CODE:	78539
<b>AGENCY INFORMATION:</b>			
* TYPE OF BUSINESS:	Government		
* ESTIMATED MONTHLY PURCHASES:	\$1,000.00	AGENCY SIZE / # OF OFFICERS:	
* FEDERAL I.D. #:	7 4 6 0 0 0 7 1 7	FISCAL YEAR END:	
TAX I.D. #:	FOR SALES TAX EXEMPTION, A COPY OF A CURRENT TEC IS REQUIRED WITH THIS FORM		
* FUNDING SOURCE:	FEDERAL		
	STATE	GRANTS / DONATIONS / VOLUNTEER	
	X COUNTY	VOUCHER Y or N (specify if required with invoice for payment):	
	CITY / TOWN / VILLAGE		
ARE PURCHASE ORDERS REQUIRED?	NO	X	YES
RESTRICTED TO AUTHORIZED BUYERS?	NO		YES (If Yes, please list individual names of Authorized Buyers below):
I hereby declare that all of the information above, is true, accurate, and complete and Galls, LLC is entitled to rely fully on such information and representation as may be required by law, unless Galls receives notice in writing of any change thereafter.			
AUTHORIZED SIGNATURE (MUST BE SIGNED BY OWNER, OFFICER, PARTNER, OR OTHER AUTHORIZED INDIVIDUAL)			
* NAME:	_____		
TITLE:	_____	DATE:	_____