



Making Precious Minutes Count...™

State and Municipal Account Application

Application must be completed and signed, with order attached, to initiate processing.

NAME Hidalgo County Emergency Management Parent or Subsidiary of Hidalgo County
 Do you or parent have an existing acct. #: Yes No If yes, please provide acct. #: 219427
Billing Address 100 E. Cano St., 2nd Floor
 City Edinburg County Hidalgo State TX Zip 78539
Shipping Address 123 W. Mahl St.
 City Edinburg County Hidalgo State TX Zip 78539
 Telephone Number w/Area Code: (956) 318-2615
 Fax Number w/Area Code: (956)289-7889
 Are Vouchers Required for Payment: Yes No If yes, please submit with orders.
 Amount of Credit Line Requested: \$10,000.00
 Funding Derived From: Local Government Donations Other: _____
 FEIN #: _____ Account Manager: _____

STATE SALES TAX EXEMPT: Yes No
 If yes, you must provide Bound Tree Medical with a copy of your tax exemption certificate to avoid being charged taxes.
NAME AND TELEPHONE OF PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:
 Name Sonia Gonzalez Phone Number (956)318-2615
 Fax Number (956)289-7889 Email sonia.molina@co.hidalgo.tx.us

SHIPPING: Complete Only Partial Shipment Okay? Are PO's Required? Yes No
 The following persons are authorized to purchase from this account:
 1. Name Ricardo Saldaña Title Emergency Management Coordinator
 2. Name Sonia Gonzalez Title Admin Assistant IV
 3. Name Belinda Alvarez Title Deputy EMC

Signature X _____
 Print Name & Title _____ Date _____
 Please mail the completed form to: Bound Tree Medical
 PO Box 8023
 Dublin, OH 43016-2023
 Payment Remittance Address: Bound Tree Medical, LLC
 23537 Network Place
 Chicago, IL 60673-1235
 or Fax to: (866) 284-7504 TIN #: 31-1739487

For Internal Use Only

Approved By _____

Date Approved _____ Terms _____ Limit _____