



(0070 FORM)

PLEASE PRINT OR TYPE
New Customer/Credit Application

BILL-TO INFORMATION				SHIP-TO INFORMATION			
FULL LEGAL NAME Hidalgo County-Urban County			YRS IN BUSINESS	NAME Hidalgo County Health Department			
OTHER TRADE NAME OR DBA				ATTN			
STREET 1916 Tesoro St. P				STREET 1304 South 25th Avenue			
CITY Pharr		STATE TX	ZIP CODE 78577	CITY Edinburg		STATE TX	ZIP CODE 78542
AREA CODE (956)	PHONE 787-8127	COUNTY Hidalgo		AREA CODE (956)	PHONE 787-8127	COUNTY Hidalgo	
PARENT COMPANY				E-MAIL		DUNS #	
ADDRESS				ACCOUNTS PAYABLE CONTACT		PH#	

SELECT BELOW ALL THAT APPLY:

CUSTOMER TYPE

PUBLICLY OWNED PRIVATELY OWNED FOR PROFIT NON-PROFIT ~~PERSONAL~~ GOVERNMENT -LOCAL

CUSTOMER CLASS OF TRADE

<input type="checkbox"/> WHOLESALER	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> RETAILER	<input type="checkbox"/> FEDERAL GOVT	<input type="checkbox"/> NURSING HOME	<input checked="" type="checkbox"/> OTHER- LAB
<input type="checkbox"/> FOOD	<input type="checkbox"/> HOMECARE	<input type="checkbox"/> BIRTH	<input type="checkbox"/> FOOD	<input type="checkbox"/> EXCHANGE		
<input type="checkbox"/> DRUG	<input type="checkbox"/> NURSING HOME	<input type="checkbox"/> NON-BIRTH	<input type="checkbox"/> DRUG	<input type="checkbox"/> COMMISSARY		
	<input type="checkbox"/> HOSP SUPPLIER	<input type="checkbox"/> VA	<input type="checkbox"/> MASS MERCH	<input type="checkbox"/> GOVT OTHER		

STATE TAX STATUS

TAXABLE FEDERAL TAX ID _____

EXEMPT (STATE TAX EXEMPTION CERTIFICATE MUST BE ATTACHED)

REASON FOR ACTION

NEW DIRECT ACCOUNT OWNERSHIP CHANGE (Enclose corrected DEA Certificates.)

NEW SHIP-TO ACCOUNT (BILL-TO _____)

INFORMATION ON PRINCIPALS

FOR SOLE PROPRIETORSHIPS AND PARTNERSHIPS: LIST ALL OWNERS AND/OR PARTNERS.
FOR CORPORATIONS AND LIMITED LIABILITY COMPANY: LIST ALL OFFICERS, DIRECTORS, MEMBERS AND MAJORITY STOCKHOLDERS.
(IF NEEDED PLEASE LIST INFORMATION ON AN ADDITIONAL SHEET)

NAME	HOME ADDRESS	PHONE	POSITION
N/A			

HAVE ANY OF THE COMPANIES OR INDIVIDUALS LISTED ABOVE EVER BEEN A DEBTOR IN BANKRUPTCY OR OTHER INSOLVENCY PROCEEDINGS? YES NO

HAS ANY JUDGMENT EVER BEEN ENTERED AGAINST ANY OF THE COMPANIES OR PRINCIPALS LISTED ABOVE? YES NO

IS THERE ANY LEGAL ACTION OR ARBITRATION PENDING AGAINST ANY OF THE COMPANIES OR PRINCIPALS LISTED ABOVE? YES NO

CREDIT INFORMATION

PRIMARY BANK

NAME	ACCOUNT #	PHONE	ADDRESS	CONTACT NAME
LSNB	71015671	956-984-2440	PO Box 1127 Pharr Tx 78577	

CREDIT REFERENCES

NAME	ACCOUNT #	PHONE	ADDRESS	CONTACT NAME
LSNB	71015736	956-984-2400	PO Box 1127 Pharr, Tx 78577	
LSNB	71015701	956-984-2440	PO Box 1127 Pharr, Tx 78577	

*****PLEASE ATTACH MOST RECENT FINANCIAL STATEMENTS INCLUDING BALANCE SHEET, INCOME STATEMENT AND STATEMENT OF CASH FLOW

ANTICIPATED MONTHLY PURCHASES _____ CREDIT AMOUNT REQUESTED _____

CUSTOMER SIGNATURE

CUSTOMER HEREBY AUTHORIZES THE BANK REFERENCES LISTED HEREIN TO RELEASE ALL INFORMATION REQUESTED. CUSTOMER AGREES THAT ALL AMOUNTS THAT ARE PAYABLE ON OR BEFORE THE NET DUE DATE, AS SHOWN ON EACH INVOICE, WILL BE PAID BY SUCH DATE, AND, IF NOT PAID ON OR BEFORE SUCH DATE ARE THEN DELINQUENT. IF CUSTOMER'S ACCOUNT IS PLACED FOR COLLECTION, CUSTOMER AGREES, IN ADDITION TO THE PRINCIPAL AMOUNT OWED, TO PAY COLLECTION AND/OR ATTORNEY FEES OF 25% OF THE DELINQUENT AMOUNT. CUSTOMER FURTHER AGREES THAT ANY CONTROVERSY ARISING IN ANY DEALINGS BETWEEN THE PARTIES SHALL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ILLINOIS AND, AT ABBOTT'S OPTION, TO SUBMIT TO THE JURISDICTION OF THE COURTS (STATE OR FEDERAL) LOCATED IN THE STATE OF ILLINOIS.

I HEREBY ATTEST TO THE ACCURACY OF THE INFORMATION ENTERED UPON THIS APPLICATION. FURTHER, I CERTIFY THAT THE NAME, ADDRESS, DEA REGISTRATION NUMBER AND SCHEDULES ENTERED ON OR ATTACHED TO THIS FORM ARE IDENTICAL TO THE INFORMATION LISTED ON MY CURRENT FEDERAL DEA REGISTRATION CERTIFICATE. I HEREBY AGREE TO IMMEDIATELY NOTIFY ABBOTT LABORATORIES OF ANY CHANGE OF OWNERSHIP, NAME, ADDRESS, DEA REGISTRATION, DEA STATUS, STATE PHARMACY LICENSE NUMBER, OR STATE TAX STATUS.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME	TITLE	DATE
	Steve De La Garza	Director	

REPRESENTATIVE'S SIGNATURE	PRINT NAME	TERR. NO.	OCTEL	DATE
MANAGERS SIGNATURE		DATE:		
Credit Application ADC APOC ADD 08 JUNE 16		6/8/2016		

Texas Sales and Use Tax Exemption Certification

This certificate does not require a number to be valid.

Name of purchaser, firm or agency Hidalgo County - Urban County Program	
Address (Street & number, P.O. Box or Route number) 1916 Tesoro St.	Phone (Area code and number) 956-787-8127
City, State, ZIP code Pharr, Tx 78577	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: **Abbott**

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Medical Equipment

Purchaser claims this exemption for the following reason:

Government Entity

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

sign here ▶ Purchaser	Title Director	Date
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

**This certificate should be furnished to the supplier.
Do not send the completed certificate to the Comptroller of Public Accounts.**