

NIKON INSTRUMENTS INC.

1300 WALT WHITMAN ROAD, MELVILLE, NY 11747-3064
PHONE: 631-547-4200
FAX: 631-547-4018

CREDIT APPLICATION

Full Company Name Hidalgo County Urban County
ADDRESS: 1916 Tesoro St. CITY: Pharr STATE: TX ZIP: 78577
Telephone # 956-787-8127 FAX # _____ E-Mail _____
Business Structure (for example, proprietorship, corporation, llc, general partnership) Government Entity
State of Incorporation or Organization _____
Date Business Established _____ At Present Location Since _____
D-U-N-S No. 103110834 Corporate I.D. No. _____
TAX EXEMPT: YES NO (INCLUDE TAX EXEMPT CERTIFICATE)
ANNUAL VOLUME OF SALES LAST YEAR: \$ _____
VOLUME OF SALES YOU EXPECT THIS YEAR: \$ _____
CREDIT LIMIT REQUESTED: \$ \$20,895.12

NAMES OF OFFICERS, PARTNERS, PROPRIETORS, MEMBERS

NAME: Marissa Garza TITLE: Director
HOME ADDRESS (PROPRIETORS) CITY: Pharr STATE: TX ZIP: 78577
NAME: _____ TITLE: _____
HOME ADDRESS (PROPRIETORS) CITY: _____ STATE: _____ ZIP: _____

MAJOR TRADE REFERENCES (Attach additional sheet if more space is needed):

FIRM NAME	CITY/STATE	PHONE#	FAX/EMAIL (Required)	ACCOUNT#
<u>1.</u>	_____	_____	_____	_____
<u>2.</u>	_____	_____	_____	_____
<u>3.</u>	_____	_____	_____	_____

BANK REFERENCES (Attach additional sheet if more space is needed):

BANK NAME	ACCT. #	CONTACT	CITY/STATE	PHONE#	FAX/EMAIL (Required)
<u>1. LSNB</u>	<u>71015671</u>	_____	<u>Pharr, TX</u>	<u>956-984-2440</u>	_____
<u>2. LSNB</u>	<u>71015736</u>	_____	<u>Pharr, TX</u>	<u>956-984-2440</u>	_____

PLEASE ATTACH CURRENT FINANCIAL STATEMENT.

CONFIRMATION OF CORRECTNESS AND AUTHORIZATION OF USE AND RELEASE OF INFORMATION

I/We hereby authorize Nikon Instruments Inc. to investigate my/our financial responsibility and credit worthiness. This is my/our ongoing authorization and consent for the herein bank reference(s) and my/our accountant, attorney or anyone else deemed necessary to release any information including without limitation a consumer credit report, requested as part of Nikon Instruments Inc. normal credit procedures whether by telephone, fax or otherwise. I further authorize and consent to Nikon Instruments Inc. ongoing use of all such information, including without limitation a consumer credit report. I certify the above information is true and correct. Should failure to pay the invoices of Nikon Instruments Inc. when due result in collection and/or litigation the customer shall pay to Nikon Instruments Inc. all collection and/or litigation costs including attorneys' fee.

SIGNATURE PRINTED NAME Director TITLE _____ DATE

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: NIKON INSTRUMENTS INC.

Address: 1300 WALT WHITMAN ROAD, MELVILLE NEW YORK 11747

I certify that:

Name of Firm (Buyer): HC Health Department
 Address: 1304 S. 25th Ave.
Edinburg, TX 78572

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Seller (California)
- Lessor (see notes on pages 2–4)
- Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: Bio Safety Lab Health Facility

General description of tangible property or taxable services to be purchased from the Seller: Microscope

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁶	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,17}	
CT ⁵		NC ¹⁸	
FL ⁶		ND	
GA ⁷		OH ¹⁹	
HI ^{4,8}		OK ²⁰	
ID		PA ²¹	
IL ^{4,9}		RI ²²	
IA		SC	
KS		SD ²³	
KY ¹⁰		TN	
ME ¹¹		TX ²⁴	
MD ¹²		UT	
MI ¹³		VT	
MN ¹⁴		WA ²⁵	
		WI ²⁶	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
 (Owner, Partner, or Corporate Officer, or other authorized signer)

Title: Director
 Date: _____

Bank Reference Form



*Bank Name	LSNB	*Fax	
*Attention to:		# of Pages	

Nikon Instruments Inc. has received a request from the following customer for a line of credit in the amount of \$ 20,895.12 for the following 12 months. This customer is purchasing Microscopes from us and has provided your bank as a reference:

*Applicant Company Name	Hidalgo County-Urban County
*Street Address	1916 Tesoro St.
*City, ST Zip Code	Pharr, TX 78577
*Bank Account #	71015671

* To be completed by applicant

COMMERCIAL CHECKING/DEPOSIT ACCOUNTS-To be completed by Bank representative:		
Date Opened:	Average Balance:	Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No
Account: <input type="checkbox"/> High for Needs <input type="checkbox"/> Adequate <input type="checkbox"/> Low <input type="checkbox"/> NSF Checks [____ in last 12 months]		
COMMERCIAL LOAN EXPERIENCE		
How often does this customer borrow from you and when? (I.e. specific season, annually, monthly, etc.)		
Loan Type:	Loan Type:	Loan Type:
Date Opened:	Date Opened:	Date Opened:
Line Approved:	Line Approved:	Line Approved:
Present Balance:	Present Balance:	Present Balance:
Payment Schedule:	Payment Schedule:	Payment Schedule:
Payment Performance:	Payment Performance:	Payment Performance:
Maturity/Expiration Date:	Maturity/Expiration Date:	Maturity/Expiration Date:
Security: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Collateral:	Security: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Collateral:	Security: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Collateral:
Endorsed or Guaranteed? UCC Perfected <input type="checkbox"/> Yes <input type="checkbox"/> No	Endorsed or Guaranteed? UCC Perfected <input type="checkbox"/> Yes <input type="checkbox"/> No	Endorsed or Guaranteed? UCC Perfected <input type="checkbox"/> Yes <input type="checkbox"/> No
Covenants in Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Covenants in Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Covenants in Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No

Your prompt attention to this matter is helpful and appreciated. Your reply will be held in confidence and will only be used to help us arrive at a sound decision. Please FAX this information to: 631-547-4018 or email: Linda.Cina@nikon.com
Regards.

Nikon Instruments Inc.
Credit Department

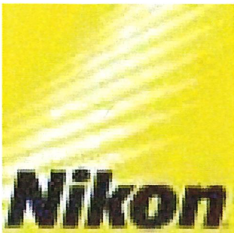
Gina Pierce _____
Sr. Manager; RSS Customer Financial Services
631-547-4338

Linda Cina _____
Credit Analyst, Customer Financial Services
631-547-4349

Customer Release completed by an authorized person on applicant's account: Notice to Bank: You are hereby authorized and instructed to release all information relative to the performance of all our company accounts (checking, loans, etc.) with your bank, to Nikon Instruments, Inc. This authorization will remain effective until revoked in writing.

*Applicant Name/Title: _____

*Authorized Signature: _____ Date: _____



NIKON INSTRUMENTS INC.
1300 Walt Whitman Road
Melville, NY 11747-3064

PLEASE COMPLETE THE BELOW FOR PROPER ACCOUNT SET-UP

ACCOUNTS PAYABLE CONTACT:

CONTACT NAME: Veronica Cuate

ACCOUNTS PAYABLE CONTACT E-MAIL ADDRESS:

veronica.cuate@hchd.org

CONTACT PHONE NUMBER: 956-383-6224 ext. 7206

CONTACT FAX NUMBER: _____

EFFECTIVE APRIL 13, 2020, NIKON WILL BE SENDING ALL BILLING STATEMENT AND INVOICE DOCUMENTS IN A PDF FORMAT. PLEASE PROVIDE EMAIL ADDRESSES:

STATEMENT E-MAIL ADDRESS: veronica.cuate@hchd.org / nellie.flores@hidalgo.tx.us

INVOICE E-MAIL ADDRESS: veronica.cuate@hchd.org / nellie.flores@hidalgo.tx.us

THANK YOU FOR YOUR TIME.