

New Customer Set-up Form



Business Information

Legal Name : Hidalgo County
DUNS Number (D&B Number, if available): 10-311-0834
Type of Business: Government entity - Texas County Government
Legal Form Under Which Business Operates
(Corporation, Partnership, Ownership): Government entity - Texas County Government
Federal Tax ID#: 74-6000717 In Business Since: 01/24/1852

Tax Status - Required information:

Tax Exempt
If Tax Exempt PLEASE ATTACH the Certificate

Taxable

Note: In the absence of appropriate tax exemption documentation, Sales Tax will be charged based on ship to location on the invoice. For questions please contact tax@cepheid.com.

Hospital/Clinic physical address (Sold-To Address): (This section is required.)

Company Name: Hidalgo County Public Health Laboratory
Company Address: 1211 S. 28th Ave Edinburg, TX 78542
City: Edinburg State: Texas Zip Code: 78542 Country: USA
Contact Name: Veronica Cuate Title: Lab Manager III
Phone Number: (956) 383-6221 Email: veronica.cuate@hchd.org
(Please provide website if available.) hchd.org

Purchasing Contact:

Name: Mr. Ignacio Amezcua Purchasing Director
Phone Number: (956) 318-2626 ext. 4862
E-Mail: ignacio.amezcua@co.hidalgo.tx.us

Address the Instrument will reside at. Please specify room and floor (if different than above). (System Ship-To Address):

Same as Sold-To
Company Name: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Contact Name: _____ Title: _____
Phone Number _____ Email: _____

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Reagent Tests Ship-to Address (if different from System Ship-to)

Same as Ship-To

Company Name: Hidalgo County Public Health Laboratory

Company Address: 1304 S. 25th Avenue

City: Edinburg State: TX Zip Code: 78542 Country: USA

Contact Name: Veronica Cuate Title: Lab Manager III

Phone Number: (956) 383-6221 Email: veronica.cuate@hchd.org

Where invoices must be sent (Bill-To Address):

Company Name: Hidalgo County Public Health Laboratory

Company Address: 1304 S. 25th Ave

City: Edinburg State: TX Zip Code: 78542 Country: USA

Contact Name: Veronica Cuate Title: Lab Manager III

Phone Number: (956) 383-6221 Email: finance@hchd.org

How do you want to receive your invoices? Please check one? (required)

Paper Invoice

Via E-mail (Internal Reference - Z5 invoicing process in SAP)

Please provide e-mail address: finance@hchd.org

EDI (Electronic Data Interchange) (810 Invoicing via GHX only)

Financially responsible Party, if different than Bill-To Address. (Payer Address):

Same as Bill-To

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

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Cepheid is committed to maintaining the confidentiality of all non-public financial information that you provide.

In order to establish your credit limit with Cepheid
PLEASE PROVIDE BANK AND TRADE INFORMATION

Trade References: 3 Required (Name, Address and Contact Information)

1. Company Name: CDW-G
Type of Business: I.T. Retail Phone Number: (312) 705-8950
Contact Name: Erik Guzman Title: Account Manager

2. Company Name: Henry Schein
Type of Business: Medical Supplies Phone Number: (775) 846-3336
Contact Name: Kenny Beehler Title: Manager, Tele Sales & Key Accounts

3. Company Name: W.W. Grainger, Inc
Type of Business: Industrial Supply Phone Number: (956) 682-6321
Contact Name: Michael Charles Title: Government Account Manager

Bank Information / IBAN : (Bank Name, Account Number, Swift Code, Contact Number)

1. Institution Name: _____
Checking Account Number: _____
Phone Number: _____
Address: _____
Contact Name: _____ Title: _____

2. Institution Name: _____
Checking Account Number: _____
Phone Number: _____
Address: _____
Contact Name: _____ Title: _____

FINANCIAL INFORMATION

Please also provide your latest financial statements (balance sheet and income statement).

Hidalgo County's Financial Statements can be viewed at: hidalgocounty.us/1288/Annual-Financial-Report
Statement of Accuracy and Permission to Verify

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Richard F. Cortez

Print Name

Hidalgo County Judge

Title

Date

For customers:
The completed form should be sent to your Sales Representative.