



FAX / EMAIL

DATE: _____

CUSTOMER: _____

FAX / Email: _____

of Pages: 2 (including this page)

Regarding: GALLS - Open Acct Appl / Acct Update

From: GALLS Credit Dept Credit@GALLS.com

Phone: (866) 286-1360

Fax: (859)268-5946

Thank you for your interest in placing an order with GALLS. Attached you will find our 2-page Open Account Application / Account Update. Please have an authorized account holder complete both pages of this application in their entirety (*), including a physical signature on the bottom of the second page. If you have any questions, please call (866) 286-1360.

Applications should be returned to GALLS Credit Dept at Credit@GALLS.com or to **fax # (859) 268-5946**.

GALLS ACCT #: _____**GALLS Order #:** _____

* Company Name: _____
d.b.a. (If Applicable): _____

* BILL To Address: _____

* City, State, Zip: _____

* SHIP To Address: _____

* City, State, Zip: _____

* Phone Number: _____

* Fax Number: _____

* Accts Payable Contact: _____

* A/P Email: _____

* Purchasing Contact: _____

* Purch'g Email: _____

* Type of Business: _____

Date Business Started: _____

* Estimated Monthly Purchases: _____

Date State Incorporated: _____

* FEDERAL I.D. # : _____ (This is the NINE-digit # located on your business' W-9.)
Tax I.D. # (optional) : _____ (To receive Tax Exempt status, a copy of your company's TEC is required.)

* Legal Status: ☐ Government Entity ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP

* Funding Source: ☐ Federal ☐ Private >>> * **D&B #** _____
☐ State ☐ Grants / Donations / Volunteer
☐ County ☐ Other (please specify) _____
☐ City / Town / Village _____

* Are Purchase Orders Required? ☐ No ☐ Yes

* Restricted to Authorized Buyers? ☐ No ☐ Yes >>> If Yes, please list individual names of Authorized Buyers below.

* Applications submitted without completion of all required (*) fields will not be processed. If completion of both pages is not possible within 10 business days, please contact GALLS Customer Service at 800-477-7766 with credit card information, otherwise the order(s) will be subject to cancellation. Thank you.



Continued on PAGE 2 >>>



1340 RUSSELL CAVE ROAD
LEXINGTON, KY 40505
PH: (866) 286-1360
FX: (859) 268-5946

EMAIL: Credit@GALLS.com

GALLS ACCT #: _____

GALLS Order #: _____

Company Name: _____

List principal stockholders, office partners, etc:

1. Name: _____ Title: _____
2. Name: _____ Title: _____
3. Name: _____ Title: _____

For Partnerships, Sole Proprietorships, LLC, LLP only:

1. Name: _____ SS#: _____ PH #: _____
Home Address: _____ City, State, Zip: _____
2. Name: _____ SS#: _____ PH #: _____
Home Address: _____ City, State, Zip: _____

The Undersigned by signing the application shall constitute authorization under the Fair Credit and Reporting Act consent to Galls LLC obtaining/utilizing a consumer credit report on the above listed individuals for the purpose of evaluating the creditworthiness of the above-listed individuals in connection with this Application. This authorization will remain valid and enforceable until the Undersigned expressly revokes authorization in writing and served on Creditor by registered or certified mail.

AUTHORIZED SIGNATURE (Must be signed by owner, officer, partner, or other authorized individual)

List three trade references and one bank reference:

Trade Reference: _____	Account # : _____
Phone #: _____ Fax #: _____	Email: _____
Trade Reference: _____	Account # : _____
Phone #: _____ Fax #: _____	Email: _____
Trade Reference: _____	Account # : _____
Phone #: _____ Fax #: _____	Email: _____
BANK Reference: _____	Account # : _____
Phone #: _____ Fax #: _____	Email: _____

The Undersigned hereby makes this application for credit to GALLS, INC. and its subsidiaries, division, affiliates or any future successors or assigns ("Creditor") and agrees to the terms and conditions printed below. In making this application, the Undersigned agrees that all amounts payable on or before the due date on any written, quoted, or agreed terms will be paid in accordance with such terms and if not paid on or before such due date, are then delinquent. It is understood that Creditor may impose and charge a finance charge which is the lesser of one and one-half percent (1 1/2%) per month or the highest rate allowed by law on any amount which becomes past due and delinquent. Additionally, the Undersigned shall be responsible for all collection costs, court costs and reasonable attorney's fees (where allowed by law) in connection with the recovery of any delinquent amount. THE UNDERSIGNED AGREES TO PROVIDE CREDITOR, UPON REQUEST, WITH AN UPDATED APPLICATION AS A CONDITION TO THE CONTINUED EXTENSION OF CREDIT. The Undersigned agrees to provide updated financial information upon request. The Undersigned acknowledges and agrees that Creditor may utilize outside credit reporting services/financial institutions to obtain information on the Undersigned as a condition to the continued extension of credit. Should credit availability be granted by the Creditor, all decisions with respect to the extension or continuation of credit shall be at the sole discretion of the Creditor. Creditor may terminate any credit availability within its sole discretion. The Undersigned understands that the continued solvency of the Undersigned is a precondition to any sale made by the Creditor. Upon request from time to time, THE UNDERSIGNED AGREES TO PROVIDE CREDITOR A STATEMENT REPRESENTING THAT THE UNDERSIGNED IS AND REMAINS SOLVENT TERMS AND CONDITIONS OF SALE: The Undersigned agrees to pay for all purchases according to the terms of Creditor. All sales are made subject to Creditor's terms and conditions of sale and Creditor objects to any different or additional terms or conditions contained in the Undersigned's purchase order or any other document submitted by the Undersigned. No terms or conditions different from or in addition to the terms of Creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Creditor. Conditions for freight shall be F.O.B. shipping point with the risk of loss or damage shifting to the Undersigned upon Creditor's delivery to the Undersigned or common carrier. Items returned without prior approval may not be accepted and all returns maybe subject to a restocking charge at the sole discretion of the Creditor. Payments may be applied against open balances at the sole discretion of the Creditor. Returned checks maybe accessed a \$25 fee. Open account balances of cash \$25 or less must be used for future purchases. Credit memo's are non refundable. Credit memos may be applied to open invoices at the creditor's sole discretion. All accounts shall be due and payable in the lockbox designated by the Creditor. Creditor reserves the right to cease extension of credit without notice or to change terms of payment pursuant to any disclosure by Undersigned according to section 409 of the Sarbanes Oxley Act. In event of litigation, sole jurisdiction and venue shall be at Creditor's discretion.

* AUTHORIZED SIGNATURE (Must be signed by owner, officer, partner, or other authorized individual)

* Date

Notice: The Federal Equal Opportunity Act prohibits creditors from discriminating against Credit Applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the Applicant has the capacity to enter into a binding contract); because all or part of the Applicant's income derives from any public assistance program; or because the Applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenues, NW, Washington, DC.