



FROM GALLS CREDIT DEPT
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 Lexington, KY 40505

This form should be signed and returned using the email or fax number listed above.

GALLS INTERNAL USE ONLY	
DATE OF APPROVAL	
APPROVER INITIALS	

KNOW YOUR CUSTOMER FORM APPLICATION FOR NET 30

The purpose of this form is to ensure that the identity of our clients is properly verified to achieve compliance with Galls, LLC due diligence policies regarding account credit limits and that your Galls, LLC Net 30 account matches your agency/company's current configuration. Information in the fields with an asterisk (*) are required.

ACCOUNT #		ORDER #	
* COMPANY NAME		D.B.A. (if applicable)	
* PHONE NUMBER		* FAX NUMBER	
* ACCOUNTS PAYABLE CONTACT		* ACCOUNTS PAYABLE EMAIL	
PURCHASING CONTACT		PURCHASING EMAIL	
BILL TO:			
* ADDRESS			
* CITY	* STATE	* ZIP CODE	
SHIP TO:			
* ADDRESS			
* CITY	* STATE	* ZIP CODE	
AGENCY INFORMATION:			
* TYPE OF BUSINESS			
* ESTIMATED MONTHLY PURCHASES		AGENCY SIZE / # OF OFFICERS	
* FEDERAL I.D. #		FISCAL YEAR END	
* TAX I.D. #	FOR SALES TAX EXEMPTION, A COPY OF A CURRENT TEC IS REQUIRED WITH THIS FORM		
* FUNDING SOURCE	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY / TOWN / VILLAGE	<input type="checkbox"/> GRANTS / DONATIONS / VOLUNTEER <input type="checkbox"/> VOUCHER Y or N <small>(specify if required with invoice for payment):</small>	
ARE PURCHASE ORDERS REQUIRED?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
RESTRICTED TO AUTHORIZED BUYERS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<small>(If Yes, please list individual names of Authorized Buyers below):</small>
I hereby declare that all the information above, is true, accurate, and complete and Galls, LLC is entitled to rely fully on such information and representation as may be required by law, unless Galls, LLC receives notice in writing of any change thereafter.			
AUTHORIZED SIGNATURE (MUST BE SIGNED BY OWNER, OFFICER, PARTNER, OR OTHER AUTHORIZED INDIVIDUAL)			
PRINTED NAME		TITLE	
SIGNATURE		DATE	