GALLO MECHANICAL

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New Customer Onboarding Packet

Complete all fields and return with your W-9 and three trade references to GMSNewCustomerform@gallomech.com.

Company Information

Salesman / Location

Legal Company Name

DBA (if applicable)

Federal Tax ID

Primary Contact

AP Contact

AP Email

Corporate Address

Billing Address

Billing Preferences

Invoice Delivery ☐ Email ☐ Portal ☐ Mail

Purchase Order Required ☐ Yes ☐ No

Net 30 Terms

Payment is due Net 30 from the invoice date. Accounts remaining unpaid after the due date may be subject to late fees and service suspension.

Authorized Representative

Date

Service Location Information

Primary Service Location Name

Tax Jurisdiction

Service Address

City

State

ZIP

Site Contact

Site Contact Phone

Site Contact Email

Hours of Operation

Special Site Requirements

Invoice & Accounts Payable Requirements

Invoice Submission Email(s)

Additional AP Email(s)

Invoice Format (PDF/Portal/EDI)

Vendor Portal Name

Portal URL

Vendor ID

Required Invoice Backup

Purchase Order Format

Who Issues Purchase Orders?

Partial Billing Allowed? ☐ Yes ☐ No

Progress Billing Allowed? ☐ Yes ☐ No

Retainage Applicable? ☐ Yes ☐ No

Tax Status ☐ Taxable ☐ Nontaxable Tax Rate

New Customer Onboarding Packet

Customer Credit Application

Requested Credit Limit ☐ $25k ☐ $50k ☐ $100k ☐ $150k ☐ $200k+

Years in Business

Business Structure ☐ Sole Proprietor ☐ Corporation ☐ General Partnership ☐ LLC ☐ Other

Parent Company

Bonding Company (if applicable)

Federal Tax ID

DUNS Number

Primary Bank Name

Primary Bank Contact

Primary Bank Phone

Trade References

Reference 1

Company

Contact

Phone

Email

Account Number

Years Doing Business

Reference 2

Company

Contact

Phone

Email

Account Number

Years Doing Business

Reference 3

Company

Contact

Phone

Email

Account Number

Years Doing Business

Customer Certifications

The undersigned individual(s) and business entity (collectively referred to as the "Applicant") hereby certify that all information provided in connection with this credit application is true, accurate, and complete.

The Applicant understands and agrees that Gallo Mechanical Services LLC (the "Lender") will rely on this information to evaluate creditworthiness for business credit account.

Pursuant to the Fair Credit Reporting Act (FCRA) and all applicable state laws, the undersigned individual hereby explicitly authorizes the Lender, and its designated agents to:

· Request, obtain, and review a consumer credit report from any consumer reporting agency (such as Equifax, Experian, or TransUnion) on the individual signer.

· Request, obtain, and review a commercial credit report (such as Dun & Bradstreet or Experian Business) on the business entity listed above.

· Verify past and present asset balances, banking records, credit history, background information, and personal/professional references as necessary to process this application.

This authorization shall remain valid and in effect for the duration of the application process. If credit is extended, the Applicant further authorizes the Lender to obtain subsequent consumer and business credit reports on an ongoing basis without further notice for the purpose of reviewing, renewing, updating, expanding, or collecting on the credit account. A photocopy, digital copy, or facsimile of this authorization shall be accepted with the same validity and authority as the original document.

Authorized Signature

Printed Name

Title

Signature

Date

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Customer Location Addendum

Use this page to add a main service location and one or more satellite locations to a new or existing GMS customer account.

Customer Account Information

Customer Type ☐ New Customer ☐ Existing Customer Customer No. (existing only)

Legal Company Name

Main Location

Main Location Name Site Contact

Service Address

City State ZIP

Site Contact Phone Site Contact Email

Satellite / Additional Locations

Enter each additional service location below. Attach another addendum if more space is needed.

Satellite Location 1 Location Name

Service Address

City State ZIP

Satellite Location 2 Location Name

Service Address

City State ZIP

Satellite Location 3 Location Name

Service Address

City State ZIP

Billing Information for Additional Location(s)

Is billing for the satellite/additional location(s) the same as the main location? ☐ Yes ☐ No

If No, provide the billing contact information below.

Billing Contact Name Billing Contact Email

Billing Contact Phone Billing Address

City State ZIP

AP / Invoice Submission Email

Tax Status ☐ Taxable ☐ Nontaxable Tax Rate %

Payment Instructions

For ACH Transactions:

To set up ACH payments, please contact Jacobe Van Winkle via

GMSRemittance@gallomech.com

For Check Payments Pay to:

Gallo Mechanical Services, LLC

PO BOX 679574

Dallas, TX 75267

A 2% fee to offset processing fees will be added to all credit card payments.