ACEMENT FORM								
PM before Court Dates								
SUBMITTED BY: Ralph McBroom TODAY'S DATE: November 6, 2018								
, 2018								
l approve The Home Depot								
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te pg 2								
Ralph McBroom C.P.M.								
ACTION ITEM: X WORKSHOP								
CONSENT: EXECUTIVE:								
PARTMENT: HASING DEPARTMENT: C WORKS: R:								
*********This Section to be completed by County Judge's Office********								
ASSIGNED AGENDA DATE:								
e'S OFFICE								





The Home Depot Commercial Account (PROX) Application For U.S. COMMUNITIES PARTICIPANTS

Store # _____ LDAP ___

Fax to 1-800-536-0898 HDCS Use Only: Enter Assoc ID as USCOMM

Agency or Participant Information		Plea	se complete en	ire application
Legal Type (choose one): □ Sole Proprietorship □ Partnership □ Lim	ited Liability □ Corpo	ation K Gove	rnment/School/E	Embassy
Organization Type (choose one): □ Non-Profit Government □ Other Busin	iess Type □ Financial	Institution • E	Embassy	
If a financial institution, specify the type: o E Bank: license and transfer/invest/lend money; Non-Bank: companies, etc.; Funds: mutual funds, hedge funds, pensi dealer, check casher, etc.) Agency Name Johnson Cour	no bank license but transfer/in	nvest/lend money (ii	nsurance companies,	credit card
Business Street Address (No P.O. Box)	2 E Kilpatrie State		e, B 74031	,
Taxpayer ID Number (Required by USA PAT	RIOT ACT) 75-66	01030	510-10286	
Agency Phone [†] 817-550-0382 †By giving us a cell number or a number later converted to by autodialer, recorded or artificial voice, or a text. Your particular time Requested \$10,000.0	a cell number, you agree tha	<i>t</i> .		
E-mail Address: If you provide your e-mail address, C and services. You are also providing your e-mail address to from The Home Depot. E-mail Address PUR W JOHNSO	itibank, N.A. may use it to con The Home Depot and by doing	itact you about your g so you are signing	account and tell you a	about useful products
Billing Address (If different from Business Ad	idress)			·····
City	State_	Zip_		
Account Information		and the second second	a solution	
s a purchase order or job name required with a	Il purchases? XYes	□ No		
Authorized Buyers* Add up to 4 additional buyers, please contact customer service after your a				
1. First Name COUTN	Initial Last Na	ime Brago	J	Middle-Legisla beginning and property and a second
2. First Name DONNA	_ Initial Last Na	ame WITC		The state of the s
3. First Name KVIST	Initial Last Na	ıme <u>() M</u>		
4. First Name LIDDY	Initial Last Na	ame <u>UNAN</u>	<u>UKER</u>	
Check here if no Buyer Identification Cards sh	ould be issued			

'All cards issued will be printed with the name of Company and the name of the Authorized Buyer. Names of Authorized Buyers are required and must be kept current over the life of the account.

Authorized Officer Signature (required, but Authorized Officer is not financially liable on this account)

By signing below on behalf of your Agency, you represent that your government Agency is a valid government Agency; and that all purchases made on the Account, if approved, will be for purposes other than personal, family, household, or agricultural use; and that you are an authorized representative of the Agency with authority to enter into contractual agreements. On behalf of the Agency, you certify that all information provided in this application is complete and accurate. You agree that your Agency will be bound by all the terms of the governing credit agreement of the type elected in this application. You authorize us to obtain information from credit reporting agencies and other sources we deem appropriate in considering this application and subsequently for purposes of updates, renewals or extensions of credit granted as a result of this application or in receiving or collecting the Account. You also understand that credit on the Account once approved, will be extended by Citibank, N.A., and that there is no binding contract between us until Citibank, N.A. accepts this agreement. The undersigned acknowledges receipt of a copy of the CITIBANK TERMS AND CONDITIONS FOR THE HOME DEPOT COMMERCIAL ACCOUNT.

First Name Bones	Initial S_ Last Name	Hairwal	Date of Bir	th_ 7-31-16	Rito
Home Address (No P.O. Box)	skyltedu z	eny [labrage	State	CEDATA GIST	• (vc -
Signature of Agency's Authorized					- ,

CITIBANK TERMS AND CONDITIONS FOR THE HOME DEPOT COMMERCIAL ACCOUNT

- This offer is only valid for new accounts. The Home Depot Commercial Account is only for business or commercial purposes. It is not for personal, family or household purposes. Citibank, N.A. ("we" or "us") is the issuer of your account. Citibank, N.A. is located in Sioux Falls, SD.
- To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that we will ask for your name, address, date of birth, and other information that will allow us to identify you when you open an account. In addition, the bank must obtain the business' legal name, its street address, and its taxpayer identification number. We may also ask to see your driver's license or other identifying documents; and obtain identification information about you or any employees you add to your account.
- If you ask us, we will tell you whether or not we requested a credit bureau report, and the names and addresses of any credit bureaus that provided us with such reports.
- To receive The Home Depot Commercial Account, you must meet our credit qualification criteria. Your credit limit will
 be determined by a review of your credit report and, in some instances, a review of such other financial information as
 we may ask you to provide. You will be informed of the amount of your credit limit when you receive your card. Some
 credit limits may be as low as \$1,000.
- You authorize us to share with The Home Depot and its affiliates experiential and transactional information regarding your activity with us.
- If you are approved for credit, you will receive a card agreement with your card(s).

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