



**INDUSTRIAL AND MEDICAL GASES
WELDING SUPPLIES AND EQUIPMENT**
1-800-826-0348

360 E. 8TH STREET
P.O BOX 1522
GREELEY, CO 80632
(970)356-7546
(FAX)353-7786

8251 I-76 FRONTAGE ROAD
HENDERSON, CO 80640
(303)287-0662
(FAX)287-4740

COMMERCIAL CREDIT APPLICATION

*BUSINESS NAME		*DBA	
*SHIP TO ADDRESS	*CITY	*STATE	*ZIP
*BILLING ADDRESS	*CITY	*STATE	*ZIP

PROPRIETOR, PARTNER OR OFFICER INFORMATION

*NAME	*TITLE	*SSN	
*EMAIL	*TELEPHONE		
*HOME ADDRESS	*CITY	*STATE	*ZIP

CONTACTS

*PURCHASING CONTACT	*TELEPHONE	FAX
*EMAIL:		
*ACCOUNTS PAYABLE CONTACT	*TELEPHONE	FAX
*EMAIL:		
*PURCHASE ORDER REQUIRED? YES [] NO []	Would you like your invoices emailed or faxed?	

TRADE REFERENCES

*COMPANY NAME	*TELEPHONE	*FAX
*ADDRESS	*ACCOUNT/CUSTOMER #	*CONTACT
*COMPANY NAME	*TELEPHONE	*FAX
*ADDRESS	*ACCOUNT/CUSTOMER #	*CONTACT
*COMPANY NAME	*TELEPHONE	*FAX
*ADDRESS	*ACCOUNT/CUSTOMER #	*CONTACT

BUSINESS TYPE

*SOLE PROPRIETORSHIP [] PARTNERSHIP [] ASSOCIATION [] CORPORATION [] OTHER []			
*PRIMARY PRODUCT ACTIVITY		*PARENT COMPANY	
*INCORPORATED UNDER STATE LAWS OF	*YEARS IN BUSINESS	*TIME AT CURRENT LOCATION	*EVER FILED BANKRUPTCY? YES [] NO []
*STATE TAX ID	*FEDERAL TAX ID	*TAXES THAT SHOULD BE CHARGED? STATE [] CITY [] RTD [] ADAMS COUNTY []	
IF TAX EXEMPT MUST PROVIDE TAX EXEMPT FORM OR RESELLER LICENSE.			
*AMOUNT OF CREDIT DESIRED?			
I ACKNOWLEDGE AND AGREE THAT INTEREST, AT THE RATE OF 1.5% PER MONTH, WILL BE CHARGED ON ALL BALANCES REMAINING UNPAID AFTER 30 DAYES FROM THE DATE SAID AMOUNTS ARE INCURRED. IN THE EVENT OF DEFAULT AND REFERRAL TO AN ATTORNEY OR COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES. I UNDERSTAND THAT THE ABOVE INFORMATION IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AS OF THE DATE OF THIS APPLICATION.			
*SIGNATURE	*TITLE	*DATE	

* INFORMATION THAT IS NECESSARY TO CREATE ACCOUNT

BWS REP: