



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

360 E. 8<sup>TH</sup> 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

## INDIVIDUAL CREDIT APPLICATION

*NAME		*SINGLE [ ] *MARRIED [ ]	*SPOUSE NAME		
*DOB	*DRIVERS LICENSE NUMBER		*STATE	*SSN	
*TELEPHONE		FAX	*EMAIL		
*CURRENT ADDRESS		*CITY	*STATE	*ZIP	*HOW LONG *OWN [ ] *RENT [ ]
*PREVIOUS ADDRESS		*CITY	*STATE	*ZIP	*HOW LONG *OWN [ ] *RENT [ ]
*PURCHASE ORDER REQUIRED? YES [ ] NO [ ]		Would you like your invoices emailed or faxed?			

### EMPLOYMENT

*EMPLOYER		*SUPERVISOR		*HOW LONG	
*ADDRESS		*CITY	*STATE	*ZIP	
*TELEPHONE	*EMAIL	*OCCUPATION		*MONTHLY EARNINGS	
*SPOUSES EMPLOYER		*SUPERVISOR		*HOW LONG	
*ADDRESS		*CITY	*STATE	*ZIP	
*TELEPHONE	*EMAIL	*OCCUPATION		*MONTHLY EARNINGS	

### REFERENCES

*If a complete credit report and credit score within the last year is provided references are not needed.*

*CHARACTER REFERENCE NAME	*TELEPHONE	*FAX	
*ADDRESS	*CITY	*STATE	*ZIP
*CREDIT REFERENCE NAME	*TELEPHONE	*FAX	
*ADDRESS	*CITY	*STATE	*ZIP
*CREDIT REFERENCE NAME	*TELEPHONE	*FAX	
*ADDRESS	*CITY	*STATE	*ZIP
*CREDIT REFERENCE NAME	*TELEPHONE	*FAX	
*ADDRESS	*CITY	*STATE	*ZIP

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.

*PRINT	*SIGN	*DATE
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\* INFORMATION THAT IS NECESSARY TO CREATE ACCOUNT

BWS REP: