

**Main Office**  
717 Galveston St  
West Sacramento, CA 95691  
Office 916-374-0771  
FAX 916-374-0777



**Branch Store**  
4639 Missouri Flat Rd.  
Placerville, CA 95677  
Office 530-344-0771  
FAX 530-344-0778

SIs #: \_\_\_\_\_

## Application for Credit

### Business Contact Information

Date of application \_\_\_\_\_ Date business commenced \_\_\_\_\_ How Long at this address \_\_\_\_\_

Company Name \_\_\_\_\_

DBA (if any) \_\_\_\_\_

Fed tax ID# (if any) \_\_\_\_\_

Soc Sec # (if any) \_\_\_\_\_

#### Billing Address

#### Shipping Address

Street \_\_\_\_\_

Street \_\_\_\_\_

PO Box \_\_\_\_\_

PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

FAX \_\_\_\_\_

FAX \_\_\_\_\_

#### Purchasing Contact

#### Accounts Payable Contact

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone / FAX \_\_\_\_\_

Phone / FAX \_\_\_\_\_

eMail \_\_\_\_\_

eMail \_\_\_\_\_

Do you require monthly statements? Y / N

Do you use purchase orders Y / N

\*Are purchases for resale? Y / N

\* If yes, resale certificate required

### Bank Information

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Savings \_\_\_\_\_ Checking \_\_\_\_\_ Other \_\_\_\_\_

### Business/Trade References

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FAX \_\_\_\_\_

Type of account \_\_\_\_\_

eMail \_\_\_\_\_

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FAX \_\_\_\_\_

Type of account \_\_\_\_\_

eMail \_\_\_\_\_

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FAX \_\_\_\_\_

Type of account \_\_\_\_\_

eMail \_\_\_\_\_

### Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application you authorize Advanced Gases & Equipment to make inquiries into the banking and business/trade references that you have provided.

### Signatures

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_