

Main Office
520 Houston 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

Application for Credit

Business Contact Information

Date of application _____ Date business commenced _____ How Long at this address _____

Company Name _____ DBA (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 _____