

ACETYLENE OXYGEN COMPANY

"SERVICE IS OUR STRENGTH"

Application for Credit

PLEASE HELP US EXPEDITE YOUR APPLICATION BY FILLING IT OUT COMPLETELY

Name of Business: _____

Please Print

Mailing Address: _____ Phone: () _____

City, State, Zip: _____ Fax: () _____

Physical Address: _____ Phone: () _____

City, State, Zip: _____ Fax: () _____

E-Mail Address: _____

Type of Business: _____

Federal I.D. #: _____ Number of Years in Business: _____

Are you?

Corporation: _____ ID#: _____

Partnership: _____ ID#: _____

Sole Proprietorship: _____ SSN: _____ Driver's License #: _____

Are PO's Required? _____ Are Job Names Required? _____

What is your anticipated monthly purchase amount? \$ _____

Who's your current welding/industrial gas supplier? _____

Bank reference: _____ Loan Account #: _____

Bank Officer: _____ Bank Phone: () _____

Checking Account #: _____

Credit References: (List Current Welding Supplier and Four References)

Name, Address, City, Zip, Phone #

1. _____

2. _____

3. _____

4. _____

In consideration of any credit extended, I, (we, or either of us) individually (and/or jointly,) guarantee full and prompt Payment at maturity of all invoices that Acetylene Oxygen Company renders for merchandise furnished; and such guarantee shall remain in force until its revocation is acknowledged in writing. I hereby represent and warrant that all goods and services for which I am contracting for are not intended primarily for personal, family, household or agricultural use. All sums shall be due and payable at Harlingen, Cameron County, Texas. I (We) agree that all necessary Court Hearings will be held in Harlingen, Cameron County, Texas.

Withdrawal of authority of any person to order or receive merchandise shall be in writing actually delivered to or received by us via certified mail, return receipt requested. All purchases shall be binding unless and until such notification is received. ALL PAST DUE AMOUNTS WILL BE ASSESSED A 1.50% FINANCE CHAGED PER MONTH (ANNUAL PERCENTAGE RATE OF 18% PER YEAR).I, (We) also agree to pay all attorney fees and costs of collection of any collection action. I (We) authorize you to request credit histories on me (Us) from time to time from Credit Reporting Agencies. I (We) authorize you to verify personal credit references on me (Us) from time to time. I, (We) affirm and have received the credit agreement and disclosure statement and agree to such terms.

Printed Name: _____ Signature: _____

Individually and in my capacity as: _____ Date: _____

(Title)

For Corporations:

Name, Address, Phone #, and Social Security # for all Corporate Officers

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

State Where Incorporated: _____ Years of Incorporation: _____

Purchasing Agent: _____ A/P Supervisor: _____

For Partnerships:

Name, Address, Phone #, and Social Security # for all Partners

General Partners MUST, and all partners should, sign this application.

For Office Use Only

Credit O.K.: _____ Not O.K.: _____

Credit Limit: _____ Cylinder Rent Level: _____

Salesman #: _____ Type of Account (open, C.O.D. or cash): _____

Manager: _____ Date: _____

Credit Manager: _____ Date: _____

Daily Hazmat: YES or NO

Monthly Hazmat: YES or NO