



A-L COMPRESSED GASES OF SPOKANE, INC

4230 E TRENT AVE., SPOKANE, WA 99202 www.a-lcompressedgases.com
(509) 534-1595 FAX (509) 535-3379

Application for Business Credit (Please Print and Complete in Full)

Customer Name: _____ Telephone _____ E-Mail _____
 Address: _____ City _____ St & Zip Code _____
 Ship to Address: _____ City _____ St _____
 Fax # _____ Length of Time in Business _____ Federal Tax ID# _____ Sole Proprietorship _____
 Partnership _____ LLC _____ Corporation _____ St of Incorporation _____
 A/P Contact Name _____ Telephone # _____
 Purchasing Contact Name _____ Telephone # _____
 Type of Business _____ Avg Expected Monthly Purchases _____ (This is not a revolving account)

BANK REFERENCE

Name of Bank: _____ Telephone _____
 Address _____ City _____ St _____ Zip _____
 Account # _____ Bank Officer/Contact _____ Telephone # _____

TRADE CREDIT REFERENCES: NAMES & ADDRESS OF MAJOR INDUSTRIAL SUPPLIERS

1. Name _____ Address _____ City _____ St _____ Zip _____ Telephone _____ Acct # _____	3. Name _____ Address _____ City _____ St _____ Zip _____ Telephone _____ Acct # _____
2. Name _____ Address _____ City _____ St _____ Zip _____ Telephone _____ Acct # _____	4. Name _____ Address _____ City _____ St _____ Zip _____ Telephone _____ Acct # _____

PRINCIPALS: NAMES & ADDRESSES OF SOLE PROPRIETOR, ALL PARTNERS OR ALL CORP OFFICERS

A. Name _____ Address _____ City _____ St _____ Zip _____ Telephone _____ Title _____ Soc Sec # of Principal _____	B. Name _____ Address _____ City _____ St _____ Zip _____ Telephone _____ Title _____ Soc Sec # of Principal _____
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TAX STATUS

TAXABLE _____ or TAX -EXEMPT _____ (If exempt attach copy of Tax Exemption Certificate)

**A-L Compressed Gases Branch Locations: Clarkston (509) 758-0228
Medical/Specialty, (509) 535-0661 - Pasco (509) 546-2470 - Moses Lake (509) 762-8117 - Coeur d'Alene (208) 664-9338**

CYLINDERS RENTED OR LEASED FROM A-L COMPRESSED GASES OF SPOKANE, INC ARE THE PROPERTY OF A-L COMPRESSED GASES OF SPOKANE INC AND ITS SUPPLIERS. CYLINDER RENTAL PAYMENT TERMS ARE **NET 30 DAYS FROM DATE OF RENTAL INVOICE**. CUSTOMERS RENTING CYLINDERS FROM A-L ARE RESPONSIBLE FOR THE SAFEKEEPING OF THOSE CYLINDERS. CUSTOMERS RENTING/LEASING CYLINDERS MAY NOT LOAN THOSE CYLINDERS TO ANY OTHER PERSON OR COMPANY. CUSTOMERS ARE RESPONSIBLE FOR THE REPLACEMENT OF LOST, DAMAGED OR STOLEN CYLINDERS.

THE UNDERSIGNED MAKES APPLICATION TO A-L COMPRESSES GASES OF SPOKANE, INC FOR THE EXTENSION OF CREDIT IN ORDER TO MAKE PURCHASES OF MERCHANDISE AND SUPPLIES ON A CHARGE BASIS. IT IS UNDERSTOOD THAT THE TERMS ARE **NET 30 DAYS FROM THE DATE OF INVOICE**, AND IT IS FURTHER UNDERSTOOD AND AGREED THAT ALL INVOICES NOT PAID WITHIN THE TERMS ARE SUBJECT TO A SERVICE CHARGE OF 1-1/2% PER MONTH (18% PER ANNUM) ON THE UNPAID BALANCE. MINIMUM FINANCE CHARE IS \$1.00. IN IT IS ALSO UNDERSTOOD THAT THE UNDERSIGNED WILL BE RESPONSIBLE FOR ALL COSTS OF COLLECTION, AND PAY REASONABLE ATTORNEY FEES WHICH MAY BE INCURRED BY A-L COMPRESSED GASES OF SPOKANE, INC IN COLLECTION OF ANY OBLIGATIONS DUE A-L AND AT OUR OPTION BRING SUCH SUIT IN SPOKANE COUNTY, WASHINGTON.

THE APPLICANT (BUYER) CERTIFIES THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AND SUBMITTED IN SUPPORT OF THE APPLICATION MADE HEREIN: AND APPLICANT AUTHORIZES ALL BANK AND TRADE REFERENCES LISTED ABOVE, AND ANY OTHER GIVEN BY APPLICANT TO FULLY DISCLOSE DETAILS OF THEIR PAST AND PRESENT DEALINGS WITH THE APPLICANT.

SIGNATURE _____ NAME (PRINT) _____

TITLE _____ DATE _____

THE UNDERSIGNED CONSENTS TO A-L COMPRESSED GASES OF SPOKANE, INC. , OBTAINING A CONSUMER CREDIT REPORT ON _____ (Name of Principle) FOR THE PURPOSE OF EVALUATING THE CREDITWORTHINESS OF _____ (Name of Business) , IN CONNECTION WITH THIS APPLICATION.

SIGNED BY: _____ DATE _____

(For Office Use Only - Salesman # _____ Salesman Name _____ Location _____)