

A-L Compressed Gases, Inc. E. 4230 Trent Ave. Spokane, WA 99202 (509) 534-1595 (509) 535-3379 Fax

A-L Compressed Gases 6082 22nd Avenue N.E. Moses Lake, Wa. 98837 (509) 762-8117 (509) 762-8125 (Fax)	A-L Compressed Gases 1026 Port Drive Clarkston, Wa. 99403 (509) 758-0228 (509) 758-0230 (Fax)	A-L Medical & Specialty E. 4227 Trent Ave Spokane, Wa. 99202 (509) 535-0661 (509) 535-0663 (Fax)	A-L Compressed Gases 1020 N. Oregon St Pasco, Wa. 99301 (509) 546-2470 (509) 546-9602 (Fax)	A-L Compressed Gases 1675 W. Appleway Ave Coeur d'Alene, Id 83814 (208) 664-9338 (208) 664-9927 (Fax)
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www.a-lcompressedgases.com

**INDIVIDUAL CREDIT APPLICATION
(PLEASE PRINT)**

NAME _____ SPOUSE'S NAME _____
(LAST NAME) (FIRST) (MIDDLE INITIAL)

ADDRESS : _____ CITY: _____ STATE & ZIP : _____

(SOC. SEC. NUMBER) (DATE OF BIRTH) (DRIVERS LICENSE NO.) (STATE)

HOW LONG AT PRESENT ADDRESS: _____ PHONE # _____

FORMER ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS) _____

MARRIED SEPARATED UNMARRIED OWN HOME RENT LIVE WITH PARENTS

(EMPLOYER'S NAME) (EMPLOYER'S ADDRESS)

(HOW LONG) (POSITION) (INCOME) (WORK PHONE #)

FORMER EMPLOYER IF LESS THAN 3 YEARS AT PRESENT EMPLOYER (HOW LONG) (POSITION)

*SPOUSE: INFORMATION ABOUT SPOUSE MUST BE COMPLETED IF SPOUSE WILL BE AN AUTHORIZED USER OR CONTRACTUALLY LIABLE, OR IF THE APPLICANT IS RELYING UPON SPOUSE'S INCOME OR COMMUNITY PROPERTY FOR CREDIT WORTHINESS.

(SPOUSE'S FULL NAME) (SPOUSE'S ADDRESS)

(SPOUSE'S EMPLOYER) (EMPLOYER'S ADDRESS) (SOC. SEC. NO.)

(HOW LONG) (POSITION) (INCOME) (WORK PHONE #)

BANK _____ BRANCH _____

CHECKING SAVINGS LOAN

ACCOUNT NUMBER _____

OTHER INCOME: (YOU MAY INCLUDE CHILD SUPPORT OR ALIMONY IF YOU WISH SUCH INCOME CONSIDERED).

(SOURCE: NAME AND ADDRESS) (AMOUNT)

CREDIT DEALINGS: PAST AND PRESENT

NAME OF FIRMS	ADDRESS	NAME ACCOUNT LISTED IN	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NEAREST RELATIVE OTHER THAN SPOUSE (GIVE RELATIONSHIP)

(NAME)

(ADDRESS)

(PHONE #)

CREDIT LIMIT REQUESTED _____

CYLINDERS RENTED OR LEASED FROM A-L COMPRESSED GASES ARE THE PROPERTY OF A-L COMPRESSED GASES 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 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 COMPRESSED GASES, 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% ANNUAL RATE) ON THE UNPAID BALANCE. 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, INC. IN COLLECTION OF ANY OBLIGATIONS DUE A-L AND AT OUR OPTION BRING SUCH SUIT IN SPOKANE COUNTY, WASHINGTON. THE INFORMATION FURNISHED HEREIN IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND CORRECT, AND MAY BE FULLY RELIED UPON BY THE VENDOR IN ITS DECISION TO EXTEND OR DENY CREDIT.

DATE: _____ SIGNATURE _____

(For office use only - Salesman number _____ Salesman name _____ Location _____)