



AMERICAN WELDING & GAS, INC.
MONTHLY CREDIT APPLICATION

Store Location: _____
 Store Fax #: _____
 Phone Number: _____

Applicant's Business Name: _____

Type of Business: Corporation _____ LLC _____ Partnership _____ Proprietorship _____

Owner's Name: _____ Federal Tax ID# or SS#: _____

State Sales Tax Permit #: _____ Business Phone: _____

NOTE: Must provide a signed copy of a valid exemption certificate

Preferred contact name and cell #: _____ Fax #: _____

Accounts Payable Name: _____ Phone #: _____ ext. _____ NAICS Code: _____

Email for your statements and invoices to be sent: _____ Alternate Email _____

Estimated Monthly Purchases: \$ _____ Is a Purchase Order Required? Yes ___ / No ___

MAILING ADDRESS: P.O. Box or Street Address _____
 City _____ State _____ Zip _____

SHIPPING ADDRESS: Street Address _____
 City _____ State _____ Zip _____
 Primary Contact _____ Phone _____

	BANK REFERENCE	TRADE REFERENCE #1	TRADE REFERENCE #2	TRADE REFERENCE #3
Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
City	_____	_____	_____	_____
State/Zip	_____	_____	_____	_____
Account #	_____	_____	_____	_____
Phone #	_____	_____	_____	_____
Fax #	_____	_____	_____	_____
Contact	_____	_____	_____	_____

TERMS

The above information is for the purpose of obtaining credit and is warranted to be true. American Welding & Gas, Inc. ("AWG") and its representatives are hereby authorized, to investigate the references listed and to contact the Credit Bureau and any other sources pertaining to the credit and financial responsibility of the Applicant and the undersigned Owner(s) of the Applicant (the Applicant and the Owner(s) are collectively, the "Debtor").

The Debtor will assume all obligations for prompt payment. The Debtor agrees that all indebtedness is due and payable 30 days following delivery and is considered past due when not paid within these terms. The Debtor agrees that the Applicant's account is subject to being placed on Cash on Delivery (C.O.D.) terms of sale, if not paid in full after 35 days from invoice date. All past due invoices are subject to a finance charge equal to Eighteen Percent (18%) per annum on outstanding past due balances as of the 30th of each month. The Debtor hereby authorizes such a charge and agrees to pay all finance charges the same as any other indebtedness.

The Debtor agrees that should AWG place the Applicant's account for collection, the Debtor shall personally be obligated to pay all costs of collection, including collection agency fees, reasonable attorney's fees and costs/expenses of any legal proceedings. The laws of the jurisdiction in which this document was executed (excluding conflict of laws rules) shall govern this document.

The Owner(s) do hereby personally guarantee the Applicant's indebtedness to AWG, however arising, and including without limitation all indebtedness arising out of the sale of Welding, Industrial Supplies, Gases, Machine Tools and/or the furnishing of services by AWG. The Owner(s) understand that this is a continuing guaranty covering all current and future advances of credit to the Applicant, and that it is a guaranty of payment and not collection. The Owner(s), waive notice of this guaranty by AWG and all extensions of credit to the Applicant. The Owner(s) further waive presentment and demand for payment of the debt, protest and notice of dishonor or default to any party with respect to the debt or any security therefore, and demand for payment. The Owner(s) consent to, and authorize, the use by AWG and its representatives of (i) a non-business consumer credit report on Owner(s) as a principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application, and (ii) a consumer credit report on the Owner(s) from time to time in connection with the extension or continuation of the business credit represented by this credit application. The Owner(s) consent to the use of such credit reports consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

I have read and understand the terms above (initial): _____ (Applicant) _____ (Owner(s))

Printed Name of Applicant's Representative _____ Date _____ Signature & Title of Applicant's Representative _____ Date _____

Signature of Owner(s) _____ Social Security Number(s) _____
 _____ Date of Birth _____

MARKETING INFORMATION: Nature of Business _____ Year Est. _____ # of Employees _____

Do you intend on purchasing medical gas from AWG? Yes ___ / No ___ If yes, please complete addendum "A"

FOR OFFICE USE ONLY

Date submitted _____ Date Account Created _____

Store Location (city & state) _____ Branch # _____ Territory # _____

Acct Manager' Name: _____ Acct Manager's ID (Sales) Number: _____

Manager's Name: _____ Manager's Signature _____

THE FOLLOWING FIELDS MUST BE FILLED IN COMPLETELY BEFORE EMAILING TO THE CREDIT DEPARTMENT AT: awgcredit@awggases.com

NEW _____ CHANGE _____ DELETE _____ SUB ACCT #: _____ MAIN SUB ACCT#: _____

Tracking Sales Only (walk-in customers): Y _____ N _____

Cash customers getting leases/cylinders (walk-in only): Y _____ N _____

Deposit paid: \$ _____ Number of cylinders: _____

Cylinders: Rentals _____ or Leases: 1 year _____ 5 year _____ Lifetime _____

Customer # _____ (if account already exists) Ship: Y _____ N _____

Account Name (Bill To): _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____ - _____

Phone # _____ Fax # _____

Note #1 _____ Note #2 _____
(Same as Exempt Code under tax, if applicable)

Contact Name _____

Shipping Information Ship To Name: _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____ - _____

Phone # _____ Contact Name _____

Tax Exempt # _____ Tax Code _____ Exempt Code _____

Tax Flag _____ Tax Leases _____ Tax Rent _____

PO Required: Y _____ N _____ Blanket PO# _____

NAICS1 # _____ NAICS2 # _____

New Owners: Y _____ N _____ or Same Owners with Name Change Only: Y _____ N _____

Existing Acct # (if applicable): _____ Cash Only Acct _____ Charge Credit Limit Desired: \$ _____

Please email paperwork to: awgcredit@awggases.com

Additional Notes:

ADDENDUM "A"

MEDICAL GAS INFORMATION

- 1) Does the customer intend to purchase Medical (USP, NF) product? Yes No
- a. If Yes, a medical license/document may be required depending on the State and Business Type- continue to complete this page. If No, do not complete this page.

Applicant's Business Name: _____

Applicant's Business Address (Ship To): _____

Applicant's Phone Number: _____

Applicant's Medical License Number (entire #): _____

Applicant Contact Name/Telephone: _____

Medical Doctor's Name (if applicable): _____

- 2) Select the Type of Business in the table below. An acceptable medical license/ document per Type of Business is identified.

TYPE OF BUSINESS	ACCEPTABLE LICENSE
<input type="checkbox"/> Medical Doctor Practitioners/Health Clinics/Dermatology/Hospitals	<ul style="list-style-type: none"> ▪ State Medical Doctor License or, ▪ State Nurse Practitioner License or, ▪ State Physician Assistant License
<input type="checkbox"/> Dentist or Dental Clinic	<ul style="list-style-type: none"> ▪ State Dental License for Dentist
<input type="checkbox"/> Veterinarian	<ul style="list-style-type: none"> ▪ State Veterinarian License
<input type="checkbox"/> Wholesalers or Distributors of Medical Gases (RESELLING ONLY)	<ul style="list-style-type: none"> ▪ Special Medical Gas Pharmacy License or, ▪ Board Of Pharmacy- Wholesalers/Distributors License
<input type="checkbox"/> Transfilling or Manufacturing of Medical Gases	<ul style="list-style-type: none"> ▪ Board Of Pharmacy- Manufacturer License
<input type="checkbox"/> Pharmacies	<ul style="list-style-type: none"> ▪ State Pharmacy License of Chief Pharmacist-In-Charge
<input type="checkbox"/> Emergency Medical Response (EMS, Ambulances, Fire Department, Search and Rescue, First Responders)	<ul style="list-style-type: none"> ▪ State Medical License of Medical Director/Physician responsible for EMS/First Responders.
<input type="checkbox"/> Medical Research Laboratories	<ul style="list-style-type: none"> ▪ State Medical License of Medical Director/Physician responsible
<input type="checkbox"/> Medical Gas Pipe Installers (NF Nitrogen Only)	<ul style="list-style-type: none"> ▪ State Plumber's License or Medical Gas Brazing License/Certification
<input type="checkbox"/> University or College	<ul style="list-style-type: none"> ▪ Medical Director's License or, ▪ Official Letter (on letterhead) from the Professor or entity stating the medical (drug/device) product(s) are solely for Research purposes.

EXCEPTION: Certain States DO NOT REQUIRE Home Care Business's or other Business Type(s) To Register with the State Board of Pharmacy.

If this EXCEPTION is applicable with the Applicant listed above indicate this by checking this box

TO BE COMPLETED BY AWG CREDIT DEPARTMENT
CUSTOMER'S ACCOUNT NUMBER: _____
Credit Department Must Forward This Document To: medical@awggases.com

Printed Name of Applicant's Representative

Date

Signature