



**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. \_\_\_\_\_ Email \_\_\_\_\_

Email address to which you would like your statements and invoices to be sent: \_\_\_\_\_

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 on the 10th of the month following delivery and is considered past due by the 30th. 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 the end of month statement 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 these 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) \_\_\_\_\_

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@amwelding.com](mailto:awgcredit@amwelding.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:** \_\_\_\_\_ **Gas Price Level** \_\_\_\_\_

**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#** \_\_\_\_\_

**Customer Type 15 / Carbonics** Y \_\_\_\_\_ N \_\_\_\_\_ **Group #** \_\_\_\_\_

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

**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

<b>TO BE COMPLETED BY AWG CREDIT DEPARTMENT</b>
CUSTOMER'S ACCOUNT NUMBER:
Credit Department Must Forward This Document To: <a href="mailto:medical@amwelding.com">medical@amwelding.com</a>

Printed Name of Applicant's Representative \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_