



**WALK-IN CASH CUSTOMER FORM**

*Email form to awgcredit@awggases.com*

ACCT INFORMATION

**Store Location**

**New Account ID**

**Applicant's Business Name**

**Owner's Name**

**Address**

**Address**

**City**

**State**

**Zip**

**Phone**

**Email Required**

**Deposit amount paid:**

**Cylinders: Rent** \_\_\_\_\_ **or Leases: 1 year** \_\_\_\_\_ **5 year** \_\_\_\_\_

**COMMENTS:**

**CYLINDERS AND BALANCE**

Qty	Description/Part #	Price	Qty	Description/Part #	Price

*This form is not complete without a signed lease agreement and Medical gases need a current medical license on file*

**Submitted By:**

**Date:**

**I hereby acknowledge that the information provided, cylinder types listed, and current cylinder balances above are correct. I agree to accept responsibility for the care and possession of the cylinders and agree that the terms of lease and rental agreements apply to this transaction.**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Customer**