

ADVANCED GAS & WELDING SOLUTIONS, LLC
30400 LAKELAND BLVD, UNIT 1, WICKLIFFE, OH 44092
OFFICE 440-975-8101 FAX 440-975-8117

CREDIT APPLICATION

DATE _____

SALES INITIALS _____

BUSINESS NAME _____

NAME OF OWNER/PRINCIPAL _____

PHONE NUMBER OF OWNER/PRINCIPAL _____

ADDRESS:

SHIP TO: _____

BILLING IF DIFFERENT THAN SHIP TO _____

TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____

BUSINESS IS ___ CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP/DBA

DO YOU REQUIRE A PURCHASE ORDER NUMBER ___ YES ___ NO

TAX EXEMPT NUMBER _____

NAME AND PHONE NUMBER OF GAS AND WELDING SUPPLY CONTACT _____

ACCOUNTS PAYABLE

CONTACT _____

PHONE NUMBER _____ FAX _____

EMAIL _____

DO YOU PREFER INVOICES

___ MAILED (A monthly Handling Charge of \$2.50 will be added to your Cylinder Rental Invoice)

___ EMAILED EMAIL ADDRESS _____

___ FAXED FAX NO _____

DO YOU PREFER INVOICES PAID WITH YOUR CREDIT CARD NUMBER TO BE KEPT ON FILE

___ NO

___ YES CARD NUMBER _____

EXP DATE _____ CODE ON BACK _____

INVOICES CHARGED TO CREDIT CARD BY AGWS ___ 1ST OF THE MONTH ___ 15TH OF THE MONTH

___ END OF THE MONTH ___ PER YOUR REQUEST

PREPARER'S NAME AND TITLE _____

