



Division of Fresno Oxygen

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Business Applicant name _____ Phone Number: _____ Date: _____
 Individual _____

BILLING INFORMATION	Shipping Information <input type="checkbox"/> Same as Billing
Address: _____	Address: _____
Address 2: _____	Address 2: _____
City: _____	City: _____
State / Zip: _____	State / Zip: _____

Indicate your invoicing preference. Your invoices can be printed & mailed, faxed or emailed (TIFF format) to you semi weekly or monthly.

Sent: Semi Weekly Monthly Fax Number (For Invoicing) _____ Email Address (For Invoicing) _____

BUSINESS INFORMATION

Name of Business / Account Name	Title of Business Officer	Primary Accounts Payable Contact
Business Type (Proprietorship, Owner/President/Primary Partner)	Estimated Annual Sales	Federal ID Number
Business Start Date	Doing Business As	Resale Number
		Email Address

• Please attach trade references

INDIVIDUAL INFORMATION

Own home or rent?	Former address if current is less than 2 Years.	
Drivers License	Social Security Number	Employer
Employer Phone	Years of Employment	Salary
Spouse Name	Spouse Employer	Spouse Employer Phone
Nearest Relative	Relative Phone Number	Email Address

CREDIT INFORMATION FOR INDIVIDUALS

<p>Individual Credit Reference (Name and Phone Number) (Family Accepted)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>Estimated Monthly Credit Usage _____</p> <p>Additional information may be required.</p> <p>1. Address Verification</p> <p>2. Copy of employment pay stub</p> <p>3. Authorization Form</p>
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BANK REFERENCE

Primary Bank	Bank Address	Phone Number
_____	_____	_____

Is your company tax exempt? Yes No If yes, tax exemption certificate must be on file.

Does your company require purchase orders? Yes No

APPLICANT PLEASE READ: I UNDERSTAND THAT THIS APPLICATION FOR CREDIT AUTHORIZES BARNES WELDING SUPPLY, A DIVISION OF FRESNO OXYGEN, TO CHECK ALL CREDIT AND BUSINESS ASSOCIATIONS WITHOUT RECOURSE. FURTHERMORE IN THE EVENT THAT I DO NOT PAY PROMPTLY, WITHIN THE TERMS ESTABLISHED BY BARNES WELDING SUPPLY, I RELINQUISH ALL RIGHTS OF OWNERSHIP OF GOODS CHARGED TO MY ACCOUNT WITH BARNES WELDING SUPPLY. I UNDERSTAND AND AGREE THAT I WILL PAY SUCH EXPENSES AS COURT COSTS, FINES, AND LEGAL FEES, IN THE EVENT LEGAL PROCEEDINGS ARE NECESSARY TO COLLECT A DELINQUENT ACCOUNT. ADDITIONALLY, IF DEBT IS PLACED WITH A CERTIFIED COLLECTION AGENCY THE UNDERSIGNED GUARANTOR WILL PAY ALL COLLECTION COSTS TO INCLUDE ALL INTEREST ACCUMULATION. A FAXED COPY OF MY SIGNATURE CAN BE CONSIDERED THE ORIGINAL.

CREDIT APPLICANT MUST BOTH SIGN AND PRINT NAME WITH SUBMISSION OF PHOTO ID

Authorized Signature _____	Signatory Title _____
Signatory Name (Printed) _____	Date of Signature _____