

Application for Credit

Date: _____

Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Date Established: _____

If your business is tax exempt, please complete form ST-105 and attach a copy of your state retail merchant certificate for our files. Thank you.

Type of Business: Sole Proprietor Partnership Corporation

Principal Owners

Name	SSN	Title

Trade References

Please list BUSINESSES ONLY. Three are required. We cannot use a reference if phone and fax numbers are not provided.

Business Name: _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Business Name: _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Business Name: _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Bank Information

Bank Name: _____

Address: _____

Contact Name: _____ Phone: _____



Accounts Payable Information

Accounts Payable Contact: _____

Phone: _____ Fax: _____

E-mail: _____

Preferred method for receiving statements: Fax Email

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for granting credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct and authorizes Northern Gases and Supplies, Inc. to investigate the credit references listed.

Terms: NET 30 DAYS. Invoices not paid in accordance with terms are subject to a service charge of 2% per month, 24% per year. By signing this credit application the authorized signee agrees to the terms and conditions of the sale.

Authorized Signature and Title:

Personal Guarantee

In consideration of credit being extended by Northern Gases and Supplies, Inc. to the above named applicant for merchandise to be purchased whether applicant is individual or individuals, or a proprietorship, a corporation or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Northern Gases and Supplies, Inc.

1. The faithful payment, when due, of all accounts of said applicants for purchases made within five years next after the date of this application.
2. In the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorney fees.
3. Absent written permission by creditor, this person guarantee may not be revoked.

Authorized Signature:

Printed Name and Title:

Date:

Please complete the form in full and return to:

Northern Gases and Supplies, Inc.
PO Box 417
Pierceton, IN 46562

Phone: 574-594-2551
Fax: 574-594-2104
Email: mbolinger@northerngases.com