



CREDIT APPLICATION

MUST BE COMPLETED IN ITS ENTIRETY FOR PROCESSING. PARTIAL APPLICATIONS NOT ACCEPTED.

INDIVIDUAL NAME _____	SOCIAL SECURITY# _____
PHYSICAL ADDRESS _____	
CITY _____	STATE _____ ZIP _____
MAILING ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE # _____	CELL# _____
E-MAIL: _____	DL# _____ STATE _____
COUNTY/PARISH: _____	TAX RATE _____

BUSINESS NAME _____	DUNS# _____
AUTHORIZED APPLICANT NAME _____	TITLE _____
IS THE BUSINESS A CORPORATION? YES NO	TYPE OF BUSINESS _____
DO YOU MAKE NON TAXABLE PURCHASES? YES NO	TAX ID# _____

**** YOUR ACCOUNT WILL REMAIN TAXABLE UNTIL WE RECEIVE YOUR TAX EXEMPT FORM / CARD COPY**

BILL TO ADDRESS _____	CITY _____ STATE _____ ZIP _____
SHIP TO ADDRESS _____	
CITY _____	STATE _____ ZIP _____
COUNTY / PARISH _____	TAX RATE _____ PHONE# _____
A/P CONTACT _____	E-MAIL: _____
DO YOU REQUIRE PURCHASE ORDER'S? _____	BLANKET# _____ PER INVOICE _____
INVOICES/STATEMENT DELIVERY EMAILED _____	FAXED _____ MAILED _____
HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS? YEARS _____	MONTHS _____
HAVE YOU EVER FILED BANKRUPTCY? YES NO	

REQUESTING CREDIT TERMS? _____	IF YES, HOW MUCH? _____	COD ONLY _____
IF PURCHASER IS DENIED CREDIT, A DEPOSIT OF \$250 PER CYLINDER IS REQUIRED BEFORE DELIVERY.		

BANK/FINANCIAL INSTITUTION NAME: _____	
CONTACT NAME _____	TITLE _____
EMAIL _____	PHONE# _____

COMMERCIAL TRADE REFERENCES:	
COMPANY _____	ACCT# _____
CONTACT _____	E-MAIL: _____
PHONE _____	FAX _____
COMPANY _____	ACCT# _____
CONTACT _____	E-MAIL: _____
PHONE _____	FAX _____
COMPANY _____	ACCT# _____
CONTACT _____	E-MAIL: _____
PHONE _____	FAX _____

I HEREBY CERTIFY THIS INFORMATION IS TRUE AND HAS BEEN PROVIDED WITH THE UNDERSTANDING THAT IT WILL BE USED TO DETERMINE THE AMOUNT OF CREDIT EXTENDED. I AUTHORIZE THE TRADE REFERENCES AND FINANCIAL INSTITUTION LISTED ABOVE TO RELEASE NECESSARY INFORMATION TO MAGNEGAS WELDING SUPPLY. I UNDERSTAND THAT CREDIT TERMS ARE NET 30 FROM THE INVOICE DATE AND AGREE TO ISSUE PAYMENT IN FULL WITHIN THOSE TERMS. BY SIGNING BELOW I AGREE THAT I AM PERSONALLY RESPONSIBLE FOR REPAYMENT OF MERCHANDISE, COURT COSTS, ATTORNEY FEES, SERVICE CHARGES AND ANY FEES THAT MAY ACCRUE DUE TO NON-PAYMENT.

SIGNATURE: _____	DATE: _____
PRINT NAME: _____	

BRANCH _____ SALESMAN _____

PLEASE FAX OR EMAIL THIS APPLICATION TO (903) 597-4653 / ar@magnegas.com