



# A-L COMPRESSED GASES OF SPOKANE, INC

4230 E TRENT AVE., SPOKANE, WA 99202 www.a-lcompressedgases.com  
(509) 534-1595 FAX (509) 535-3379

## Application for Business Credit (Please Print and Complete in Full)

Customer Name: \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ St & Zip Code \_\_\_\_\_  
 Ship to Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_  
 Fax # \_\_\_\_\_ Length of Time in Business \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_  
 Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ St of Incorporation \_\_\_\_\_  
 A/P Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Purchasing Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Avg Expected Monthly Purchases \_\_\_\_\_ (This is not a revolving account)

### BANK REFERENCE

Name of Bank: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Account # \_\_\_\_\_ Bank Officer/Contact \_\_\_\_\_ Telephone # \_\_\_\_\_

### TRADE CREDIT REFERENCES: NAMES & ADDRESS OF MAJOR INDUSTRIAL SUPPLIERS

1. Name _____	3. Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Telephone _____ Acct # _____	Telephone _____ Acct # _____
2. Name _____	4. Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Telephone _____ Acct # _____	Telephone _____ Acct # _____

### PRINCIPALS: NAMES & ADDRESSES OF SOLE PROPRIETOR, ALL PARTNERS OR ALL CORP OFFICERS

A. Name _____	B. Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Telephone _____ Title _____	Telephone _____ Title _____
Soc Sec # of Principal _____	Soc Sec # of Principal _____

### TAX STATUS

TAXABLE \_\_\_\_\_ or TAX -EXEMPT \_\_\_\_\_ (If exempt attach copy of Tax Exemption Certificate)

A-L Compressed Gases Branch Locations: Clarkston (509) 758-0228  
Medical/Specialty, (509) 535-0661 - Pasco (509) 546-2470 - Moses Lake (509) 762-8117 - Coeur d'Alene (208) 664-9338

CYLINDERS RENTED OR LEASED FROM A-L COMPRESSED GASES OF SPOKANE, INC ARE THE PROPERTY OF A-L COMPRESSED GASES OF SPOKANE INC AND ITS SUPPLIERS. CYLINDER RENTAL PAYMENT TERMS ARE **NET 30 DAYS FROM DATE OF RENTAL INVOICE**. CUSTOMERS RENTING CYLINDERS FROM A-L ARE RESPONSIBLE FOR THE SAFEKEEPING OF THOSE CYLINDERS. CUSTOMERS RENTING/LEASING CYLINDERS MAY NOT LOAN THOSE CYLINDERS TO ANY OTHER PERSON OR COMPANY. CUSTOMERS ARE RESPONSIBLE FOR THE REPLACEMENT OF LOST, DAMAGED OR STOLEN CYLINDERS.

THE UNDERSIGNED MAKES APPLICATION TO A-L COMPRESSES GASES OF SPOKANE, INC FOR THE EXTENSION OF CREDIT IN ORDER TO MAKE PURCHASES OF MERCHANDISE AND SUPPLIES ON A CHARGE BASIS. IT IS UNDERSTOOD THAT THE TERMS ARE **NET 30 DAYS FROM THE DATE OF INVOICE**, AND IT IS FURTHER UNDERSTOOD AND AGREED THAT ALL INVOICES NOT PAID WITHIN THE TERMS ARE SUBJECT TO A SERVICE CHARGE OF 1-1/2% PER MONTH (18% PER ANNUM) ON THE UNPAID BALANCE. MINIMUM FINANCE CHARE IS \$1.00. IN IT IS ALSO UNDERSTOOD THAT THE UNDERSIGNED WILL BE RESPONSIBLE FOR ALL COSTS OF COLLECTION, AND PAY REASONABLE ATTORNEY FEES WHICH MAY BE INCURRED BY A-L COMPRESSED GASES OF SPOKANE, INC IN COLLECTION OF ANY OBLIGATIONS DUE A-L AND AT OUR OPTION BRING SUCH SUIT IN SPOKANE COUNTY, WASHINGTON.

THE APPLICANT (BUYER) CERTIFIES THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AND SUBMITTED IN SUPPORT OF THE APPLICATION MADE HEREIN: AND APPLICANT AUTHORIZES ALL BANK AND TRADE REFERENCES LISTED ABOVE, AND ANY OTHER GIVEN BY APPLICANT TO FULLY DISCLOSE DETAILS OF THEIR PAST AND PRESENT DEALINGS WITH THE APPLICANT.

SIGNATURE \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

THE UNDERSIGNED CONSENTS TO A-L COMPRESSED GASES OF SPOKANE, INC. , OBTAINING A CONSUMER CREDIT REPORT ON \_\_\_\_\_ (Name of Principle) FOR THE PURPOSE OF EVALUATING THE CREDITWORTHINESS OF \_\_\_\_\_ (Name of Business) , IN CONNECTION WITH THIS APPLICATION.

SIGNED BY: \_\_\_\_\_ DATE \_\_\_\_\_

(For Office Use Only - Salesman # \_\_\_\_\_ Salesman Name \_\_\_\_\_ Location \_\_\_\_\_)