



APPLICATION FOR CREDIT

PO Box 1666
Fresno, CA 93717-1666

Phone: 800-404-9353 email: credit@fresnooxygen.com
Fax: 559-233-9221



www.fresnooxygen.com • www.barneswelding.com • www.barnesspecialtygases.com • www.ramweldingsupply.com

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

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

Primary Bank	Bank Address	Phone Number
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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 FRESNO OXYGEN / BARNES WELDING SUPPLY TO CHECK ALL CREDIT AND BUSINESS ASSOCIATIONS WITHOUT RECOURSE. FURTHERMORE IN THE EVENT THAT I DO NOT PAY PROMPTLY, WITHIN THE TERMS ESTABLISHED BY FRESNO OXYGEN / BARNES WELDING SUPPLY, I RELINQUISH ALL RIGHTS OF OWNERSHIP OF GOODS CHARGED TO MY ACCOUNT WITH FRESNO OXYGEN / 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 _____