

Application for Credit

Company Name _____

Bill To: _____

City _____
State _____ Zip _____

Ship To: _____

City _____
State _____ Zip _____

Phone _____ / _____ / _____
Fax _____ / _____ / _____
Email _____

Invoice by: Mail Fax Email

Accounts Payable Contact:

Name _____
Email _____
Phone _____ / _____ / _____

Length of time in business? _____

() Corporation () Partnership
() Sole Proprietorship

Federal Tax ID # _____

Company Officer: _____

Bank Reference _____
Contact _____

Trade References: (Minimum 3) **Include Company Name, Address, Phone and Fax of Contact.** *(This information is required even if submitting a pre-printed form)*

1. _____

2. _____

3. _____

4. _____

Taxable _____ **Yes** _____ **No** _____

If non-taxable

State Tax Exempt # _____

****We are required by law to have a copy of your Sales Tax Exempt Certificate on file. Please forward with this application.***

The undersigned hereby agrees to abide by our normal sales terms and conditions, which are available upon request or at: www.industrialgastechology.com

Signature _____ Title _____ Date _____

Return to: Industrial Gas Technology, Inc. Attn: Accounting Dept. P.O. Box 51124 Bowling Green, KY 42102 or
Fax to: 270-783-0739 or email: info@igtinc.com