



APPLICATION FOR CREDIT

PO Box 1666
Fresno, CA 93717-1666

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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 _____ Email Address _____

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 _____

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 _____

CREDIT INFORMATION

Estimated Monthly Credit Usage _____

Individual Credit Reference (Name and Phone Number)	Trade Credit Reference (Name and Phone Number)	Supplier Credit Reference (Name and Phone Number)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

BANK INFORMATION

Primary Bank _____ Bank Address _____

Bank Account Type (Checking, Savings, Etc.) _____ Branch Number _____ Date Account Opened _____

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

1st Signature Written _____ 1st Signature Title _____

1st Signature Name (Printed) _____ Date of 1st Signature _____