



Since 1938

CREDIT APPLICATION

Purity Cylinder Gases, Inc.

Corporate Headquarters
 2580 28th Street SW
 PO Box 9390
 Grand Rapids, MI 49509

Phone: (616) 532-2375
 Fax: (616) 328-8799
www.puritygas.com

Michigan Locations:

- Battle Creek ● Cadillac ● Grand Rapids ● Holland ● Kalamazoo
- Lansing ● Mt. Pleasant ● Muskegon ● Saginaw ● Traverse City

Indiana Locations:

- Angola ● Elkhart ● Fort Wayne ● Warsaw

NAME: _____		PHONE NO: (____) _____
BILLING ADDRESS	STREET: _____ _____	FAX NO: (____) _____
	CITY: _____	PURCHASING E-MAIL: _____
STATE: _____ ZIP + 4: _____		
SHIPPING ADDRESS	STREET: _____ _____	TYPE OF BUSINESS: (CHECK ONE)
	CITY: _____	<input type="checkbox"/> Corporation
STATE: _____ ZIP + 4: _____		<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> Partnership
		<input type="checkbox"/> Sole Proprietorship
		YEAR ESTABLISHED: _____
Industry	(PLEASE CHECK ONE)	
	<input type="checkbox"/> Construction	<input type="checkbox"/> Energy, Chemical & Transportation
	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Metal Manufacturing/Fabrication
	<input type="checkbox"/> Healthcare & Medical Devices	<input type="checkbox"/> Non-metal Manufacturing
		<input type="checkbox"/> Government & Public Services

If proprietorship or partnership, list names of owners with home address and social security number		
NAME	ADDRESS	SOCIAL SECURITY #

TERMS: N/30. PURITY WILL ACCEPT CREDIT CARDS FOR IMMEDIATE PAYMENT IN FULL OF WALK-IN SALES OF \$5,000.00 OR LESS. SERVICE CHARGES OF UP TO 2% PER MONTH WILL BE CHARGED ON ALL PAST DUE BALANCES. Applicant warrants that the information provided herein is accurate and complete. Applicant agrees to pay all reasonable collection, attorney, and court fees and any other expenses involved in the collection of charges made under this agreement. By signing, applicant authorizes Purity Cylinder Gases to conduct an investigation of applicant's credit history including, but not limited to, obtaining a consumer credit report.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

For Internal Use: Sales Location _____ Salesperson # _____
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