



Since 1938

# CREDIT APPLICATION

Purity Cylinder Gases, Inc.

Corporate Headquarters  
 2580 28<sup>th</sup> Street SW  
 PO Box 9390  
 Grand Rapids, MI 49509

Phone: (616) 532-2375  
 Fax: (616) 328-8799  
[www.puritygas.com](http://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: _____ STATE: _____ ZIP + 4: _____	PURCHASING E-MAIL: _____
SHIPPING ADDRESS	STREET: _____ _____	TYPE OF BUSINESS: (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
	CITY: _____ STATE: _____ ZIP + 4: _____	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"/> _____ <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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