



NEW ACCOUNT SET-UP FORM PURITY CYLINDER GASES INC.

www.puritygas.com

Since 1938

Michigan Locations:

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

Indiana Locations:

- Angola • Elkhart • Fort Wayne • Pierceton • Warsaw

CORPORATE HEADQUARTERS

**2580 28th St. SW, PO Box 9390
Grand Rapids, MI 49509-0390
Phone (616) 532-2375 - Fax (616) 328-8799**

BILLING ADDRESS	Billing Name: _____ Address: _____ _____ City: _____ State: _____ Zip+4: _____	Phone No: (____) _____ Fax No: (____) _____ Purchasing E-mail: _____
SHIPPING ADDRESS	Ship to Name: _____ Address: _____ _____ City: _____ State: _____ Zip+4: _____	Type of Business: (Check One) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship Years in Business: _____
INDUSTRY	(Please Check One) <input type="checkbox"/> Construction <input type="checkbox"/> Energy & Chemical <input type="checkbox"/> Non-Metal Mfg. <input type="checkbox"/> Education <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Transportation <input type="checkbox"/> Government & <input type="checkbox"/> Healthcare & Medical Devices <input type="checkbox"/> Metal Mfg./Fabrication Public Services	

If proprietorship or partnership, list names of owners with home address and social security number.		
Name	Address	Social Security Number

STANDARD TERMS: Net 30 (upon approval). 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. If applying for credit, 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 #:
