



NEW ACCOUNT SET-UP FORM PURITY CYLINDER GASES INC.

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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: _____ | | Phone No: _____ | | | | | | | | | | | | | | | | |
| | Address: _____ | | () _____ | | | | | | | | | | | | | | | | |
| SHIPPING ADDRESS | City: _____ State: _____ Zip+4: _____ | | Fax No: _____ | | | | | | | | | | | | | | | | |
| | | | () _____ | | | | | | | | | | | | | | | | |
| INDUSTRY | Ship to Name: _____ | | Purchasing E-mail: _____ | | | | | | | | | | | | | | | | |
| | Address: _____ | | Type of Business: (Check One) Corporation Limited Liability Co. Partnership Sole Proprietorship | | | | | | | | | | | | | | | | |
| | | City: _____ State: _____ Zip+4: _____ | Years in Business: _____ | | | | | | | | | | | | | | | | |
| (Please Check One) <table border="0"> <tr> <td>Construction</td> <td>Energy & Chemical</td> <td>Non-Metal Mfg.</td> <td>Education</td> </tr> <tr> <td>Food & Beverage</td> <td>Transportation</td> <td>Government &</td> <td></td> </tr> <tr> <td>Healthcare & Medical Devices</td> <td>Metal Mfg./Fabrication</td> <td>Public Services</td> <td></td> </tr> <tr> <td colspan="4">(License # _____)</td> </tr> </table> | | | | Construction | Energy & Chemical | Non-Metal Mfg. | Education | Food & Beverage | Transportation | Government & | | Healthcare & Medical Devices | Metal Mfg./Fabrication | Public Services | | (License # _____) | | | |
| Construction | Energy & Chemical | Non-Metal Mfg. | Education | | | | | | | | | | | | | | | | |
| Food & Beverage | Transportation | Government & | | | | | | | | | | | | | | | | | |
| Healthcare & Medical Devices | Metal Mfg./Fabrication | Public Services | | | | | | | | | | | | | | | | | |
| (License # _____) | | | | | | | | | | | | | | | | | | | |

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 #: _____