



## Non-Corporate Credit Application

Sales Associate: \_\_\_\_\_ Account #: \_\_\_\_\_ Date: \_\_\_\_\_

**TERMS:** Net 30 days. 1.5% Service Charge on past due accounts.

Estimated monthly purchases: \$ \_\_\_\_\_

Please indicate which products you may purchase from Keen:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Industrial Gases   | <input type="checkbox"/> Welding Machines          | <input type="checkbox"/> Gases (Liquid Form)       |
| <input type="checkbox"/> Welding Supplies   | <input type="checkbox"/> Specialty & Medical Gases | <input type="checkbox"/> Safety Supplies           |
| <input type="checkbox"/> Propane – Cylinder | <input type="checkbox"/> Tools/Accessories         | <input type="checkbox"/> Other (please list) _____ |

### Business Information

BILL TO:		SHIP TO:	
Name:		Name:	
Address		Address	
City	State Zip	City	State Zip
Phone	Fax	Phone	Fax

Type of Business?  Sole Proprietor  Partnership

Industry: \_\_\_\_\_ Approximately how long have you been in business? \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Method to receive invoices/statements:  Fax: \_\_\_\_\_  Email: \_\_\_\_\_

Tax Exempt:  Yes  No \* If yes, Tax Exempt # \_\_\_\_\_ and include a copy of Tax Exemption Certificate

Interested in (check all that apply):  Online Ordering  Online Payments

### Business References

COMPANY NAME	ADDRESS	PHONE NO.	FAX NO.

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PO Box 15151, Wilmington, DE 19850-5151  
 302.594.4562 • 302.594.4567 Fax

**Bank Information**

Bank Name:		Bank Name:	
Checking Account No. (Needed to obtain reference)		Loan Account No.	
Phone	Fax	Phone	Fax
Contact Name		Contact Name	

**Owner Information**

Name:	Address:		
Phone #:	City:	State:	Zip:
Employer:	Social Security #:		
Employer Phone #:	Drivers License #:	State:	

**Authorization to Check Credit**

By signing below, I indicate willingness to allow Keen Compressed Gas Co. to check with any source which they deem appropriate for the purpose of evaluating this company's credit history. I further agree to Net 30 day terms and to pay service charges billed on amounts not paid within these terms. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. If our company changes ownership, we will promptly notify Keen Compressed Gas Co. in writing.

Authorized Signature	Date
Print Name	Title/Position

**Additional Information**

How did you hear of Keen Compressed Gas Co.?

- |  |  |
|--|--|
| <input type="checkbox"/> Keen Sales Person | <input type="checkbox"/> Business Associate/Referral |
| <input type="checkbox"/> Print Advertising | <input type="checkbox"/> eNewsletter                 |
| <input type="checkbox"/> Website           | <input type="checkbox"/> Social Media                |
| <input type="checkbox"/> Online Search     | <input type="checkbox"/> Other (please list): _____  |

Where have you purchased welding supplies in the past? \_\_\_\_\_

**SUBMIT TO:**

**Credit Department  
 Keen Compressed Gas Co.  
 PO Box 15151  
 Wilmington, DE 19850  
 Phone (302) 594-4562 Fax (302) 594-4567  
 Email: arkcg@keengas.com**