

100 Washington St North  
 Auburn, ME 04210  
 800-377-9433  
 www.maineoxy.com



**Business Account Application**

Please choose an account type:

- Charge: Credit Limit Desired \$ \_\_\_\_\_
- Cash on Delivery (COD)
- Credit Card

Billing Information	Shipping Information (If Different)
<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address (No PO Boxes)</b>
<b>City, State &amp; Zip Code</b>	<b>City, State &amp; Zip Code</b>
<b>Billing Phone</b>	<b>Shipping Phone</b>

<b>TIN:</b> _____	<b>DUNS:</b> _____	<b>NAICS:</b> _____	<b>Invoicing Method:</b>	<b>Estimated Annual Sales:</b>	<b>PO Required?</b>
<b>Trade References:</b>			<input type="checkbox"/> Email	<input type="checkbox"/> \$0 - \$999	<input type="checkbox"/> Yes
			<input type="checkbox"/> Mail	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> No
<b>Name:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____			<input type="checkbox"/> Fax	<input type="checkbox"/> \$5,000 - \$49,999	<b>Tax Status:</b> <input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable* <small>* Please provide a copy of your resale certificate.</small>
<b>Name:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____			<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000+	
			<b>E-mail Address:</b>		
			_____		

**TERMS: 30 DAYS FROM THE DATE OF INVOICE. SERVICE CHARGES OF 1.5% PER MONTH WILL BE CHARGED ON OVERDUE ACCOUNTS**

I agree to pay according to the above terms and to be liable for all service charges (currently at the rate of 1.5% PER MONTH, 18% PER ANNUM) on any amount still outstanding beyond the end of the month following the purchase. Customer agrees that TITLE TO CYLINDERS WILL REMAIN SOLELY WITH MAINE OXY ACETYLENE SUPPLY COMPANY. Also, it is agreed that any collection or legal fees which are incurred by MAINE OXY in the collection of this account will be the responsibility of the undersigned.

This agreement constitutes a security interest in the equipment which are the subject of thereof. Lessee grants a security in, and a general lien upon the equipment and proceeds thereof. The lessee agrees to cooperate with the Lessor and expressly permits Lessor to execute and file financing statements and take such other actions as shall be required to perfect the Lessor's security interest in the Equipment in accordance with this Agreement.

The signature below guarantees that the above information is true and further authorization to obtain information necessary to complete this account application.

**Date**

**Authorized Signature**

**Printed Name**

\_\_\_\_\_ X \_\_\_\_\_

**Credit Department Use Only**

**Account #:** \_\_\_\_\_ **Branch:** \_\_\_\_\_ **Salesperson:** \_\_\_\_\_ **Territory:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Credit Limit (if applicable):** \_\_\_\_\_ **Payment Terms:** \_\_\_\_\_