

2810 JACOBS AVE  
EUREKA, CA 95501



PH. (707) 443-2228

FAX (707) 443-2242

DBA: Ukiah Oxygen, Petaluma Oxygen & Lake County Welders Supply

Dear Customer,

Thank you for choosing Eureka Oxygen Company; DBA: Ukiah Oxygen Company, Lake County Welders and Petaluma Oxygen Company. Attached you will find our application packet.

- Complete the attached application to open an account.
- Write legibly using a blue or black ink pen, only.
- Complete each section as accurately as possible. If something doesn't apply to you, write "n/a".
- If you'd like to receive your invoices and statements via email please check the box "**I would like to receive e-mailed invoices and statements.**"
- Initial "**I acknowledge, all deposits and/or refunds will be issued by check, regardless of original form of payment.**"

Please follow the instructions below in order to complete your application:

**Cash Only (COD)/Short-Term:** Complete sections A and D.

**Personal Credit:** Complete sections A, B and D.

**Section B** – provide a social security number to be eligible for a Net 30 day account.

**Business Credit:** Complete sections A, C and D.

**Section C** – If you've been in business for 3 or more years, please provide trade references and their fax numbers. Otherwise, please provide a social security number in order to be eligible for a Net 30 day account.

**Credit Card Authorization form:** Please complete and return with this packet if you'd like your credit card to be automatically charged after statements are processed. The card will be charged mid-month, the month following the purchase date.

**Resale Certificate:** Please complete and return with this packet if you're going to be purchasing items from us that you wish to re-sell. **Please be specific with paragraph 5 of this form;** for example – Steel, Wire, Abrasives, Co2, etc. If you're unsure of an item, please refer to: <http://boe.ca.gov> or call 1-800-400-7115.

Please, don't hesitate to call our main office at 707-443-2228 if you have any questions about this application packet. Upon completion of the packet, you may turn the application in at the store you'll be purchasing from, e-mail it to [sarivett@eurekaoxygencompany.com](mailto:sarivett@eurekaoxygencompany.com), fax to 707-443-2242 or mail to our main office: Eureka Oxygen Company, 2810 Jacobs Ave, Eureka CA 95501.

Thank you

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**SECTION A:** To Be Completed For All Account Types (COD/Short-Term, Personal Credit & Business Credit)

**HOW DID YOU HEAR ABOUT US:** \_\_\_\_\_  
Applicant Name or Business Name: \_\_\_\_\_  
DBA (If Applicable): \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Physical Address (If Different From Above): \_\_\_\_\_  
Delivery Address (If Different From Above): \_\_\_\_\_  
(Location Where Eureka Oxygen Property Will Be Stored)  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  *Please Email My Invoices & Statements*

**INITIAL BELOW:**

**All Accounts:**

*I acknowledge, all deposits and/or refunds will be issued by check, regardless of original form of payment.* \_\_\_\_\_

**Short-Term Accounts (Available at Eureka Oxygen ONLY):**

*I acknowledge/agree to pay \$1.00 per day, per item for each day after seven (7) days at no charge.* \_\_\_\_\_

***COD/Short-Term Accounts: Skip Sections B & C. Go To Section D To Complete Application***

**SECTION B:** To Be Completed For Personal Credit ONLY

Applicant Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nearest Living Relative Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Source of Income/Job Title/Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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Joint Applicant Name (If Applicable): \_\_\_\_\_  
Joint Applicant Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nearest Living Relative Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Source of Income/Job Title/Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Has Applicant or Joint Applicant Ever Filed Bankruptcy (If Yes, Please Explain): \_\_\_\_\_

***Personal Credit Accounts: Skip Section C. Go To Section D To Complete Application***

**SECTION C:**

**To Be Completed For Business Credit ONLY**

Type of business (Check One):  Individual  Partnership  Corporation  Government

Owners/Officers

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has Business or Any Owner/Officer Ever Filed Bankruptcy (If Yes, Please Explain): \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Resale Permit# (Complete CA Resale Form, BOE-230): \_\_\_\_\_

How Long in Business: \_\_\_\_\_ How Long Under Current Ownership: \_\_\_\_\_

Bookkeeper-A/P Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bookkeeper-A/P Contact Email (If Different From Section A): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

**Trade Suppliers/Credit References (PLEASE INCLUDE FAX NUMBERS! THANK YOU)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

***Business Credit Accounts Go To Section D To Complete Application***



# NEW ACCOUNT CHECKLIST (STORE USE ONLY)

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**The following lists show which forms should be given to customers who are opening a new account.**

**APPLICATION COMPLETED BY:**

\_\_\_\_\_

**APPLICATION RECEIVED BY:**

\_\_\_\_\_

**CASH ON DELIVERY (COD)/SHORT-TERM:**

**APPLICATION**

CREDIT CARD AUTHORIZATION

**PERSONAL CREDIT:**

**APPLICATION**

CREDIT CARD AUTHORIZATION

**BUSINESS CREDIT:**

**NEW OWNER**

**APPLICATION**

RESALE CERTIFICATE

CREDIT CARD AUTHORIZATION

**UPDATE TO EXISTING ACCOUNT**

**APPLICATION**

**CHANGE OWNERSHIP**

**APPLICATION**

CYLINDER TRANSFER FORM

RESALE CERTIFICATE

CREDIT CARD AUTHORIZATION

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**PLEASE ENSURE THAT THE FOLLOWING ITEMS ARE CHECKED OFF BEFORE SENDING APPLICATION IN TO THE MAIN OFFICE:**

LEGIBLE WRITING

BILLING ADDRESS

PHYSICAL ADDRESS OF WHERE OUR PROPERTY IS LOCATED (I.E., CYLINDERS)

DELIVERY ADDRESS, IF DIFFERENT FROM PHYSICAL ADDRESS

PHONE NUMBER

EMAIL ADDRESS

BOX IS CHECKED "PLEASE EMAIL MY INVOICES & STATEMENTS." IF THEY WANT THEM EMAILED.

CUSTOMER HAS INITIALED: " I ACKNOWLEDGE, ALL DEPOSITS AND/OR REFUNDS WILL BE ISSUED BY CHECK, REGARDLESS OF ORIGINAL FORM OF PAYMENT."