

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 and will be made payable to the order of Applicant Name or Business Name listed**" on the attached application.

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, fax to 707-443-2242 or mail to our main office: Eureka Oxygen Company, 2810 Jacobs Ave, Eureka CA 95501.

Thank you

2810 JACOBS AVE
EUREKA, CA 95501



PH. (707) 443-2228

FAX (707) 443-2242

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

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 and will be made payable to the order of the "Applicant Name or Business Name" listed above. No Exceptions.* _____
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: _____

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)

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

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

APPLICATION COMPLETED BY:

APPLICATION RECEIVED BY:

TYPE OF PRODUCTS:

ANTICIPATED FREQUENCY OF USE:

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."