

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 and acknowledgments page 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."**

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.

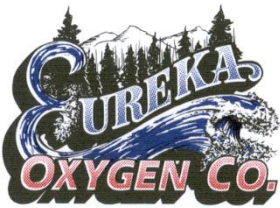
**Section C** – If you've been in business for 3 or more years, please provide trade references and their fax numbers. Otherwise, please provide a social security number in order to be eligible for a Net 30 day account.

**Credit Card Authorization (request form if needed):** 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 (request form if needed):** 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** (Printed): \_\_\_\_\_

**Business Name or 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:** \_\_\_\_\_

**INTENDED FORM OF PAYMENT:** ☐ CASH ☐ CHECK ☐ Please Email My Invoices & Statements

☐ CREDIT CARD

**AUTHORIZED USER(S):** An Authorized User is a person you authorize to use your account. You will be liable for all transactions the Authorized User(s) incurs on your account. You, as the guarantor, agree to be, and will be held responsible for, all transactions made by the Authorized User(s).

**Authorized User/s (please print):** \_\_\_\_\_

(List additional Authorized Users on the back of this page)

To cancel or remove authority of an Authorized User, please call our office and inform us of the cancellation **AND** in addition, deliver to us, an updated Authorized User form. The terms and conditions of your Account will remain the same and the cancellation will become effective once we confirm the cancellation and update our records according to your written request.

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

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

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

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

**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***

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

APPLICATION OF PAYMENTS (COD & PERSONAL ACCOUNTS ONLY): I agree that all payments made to my account will automatically be applied to the oldest amounts due on my account first. **OPTIONAL:** \_\_\_\_\_  
(INITIAL)

**By initialing below, I am acknowledging that I have read, understand and agree to the following statements:**

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 on page 1 of this application. **No Exceptions.** \_\_\_\_\_  
(INITIAL)

I acknowledge that all cylinders and dry ice bins will be subject to daily rent and any unpaid balance will be deducted from my deposit. \_\_\_\_\_  
(INITIAL)

Short-Term Accounts (Available at Eureka Oxygen ONLY): I acknowledge and agree to pay \$1.00 per day, per item for each day after seven (7) days at no charge. \_\_\_\_\_  
(INITIAL)

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Authorization is hereby granted to Eureka Oxygen Company, Inc. to obtain a standard factual data credit report through a credit reporting agency chosen by Eureka Oxygen Company, Inc. My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization, if necessary, to obtain any information regarding the above mentioned information. Under the Fair Credit Reporting Act, applicant/s have a right to know and to receive a free copy of the information contained in their credit file at the consumer reporting agency. If credit is denied, applicant/s may request a copy, in writing, no later than 60 days after they receive notification.

In consideration of credit being extended by Eureka Oxygen Company DBA: Ukiah Oxygen, Petaluma Oxygen & Lake County Welders Supply to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Eureka Oxygen Company the faithful payment, when due, of all accounts of said applicant including applicant's authorized agent(s) and or employees for purchases made on behalf of applicant as of the date of this application. The undersigned guarantor or guarantors each hereby express waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Eureka Oxygen Company, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to Eureka Oxygen Company. This Personal Guarantee can only be modified in writing and signed by both parties.

Applicant agrees to pay any collection cost incurred to collect the unpaid balance, including but not limited to interest on the unpaid balance as allowed by the state law and any reasonable attorney costs and fees incurred. The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. Eureka Oxygen Company is authorized to investigate the credit references and verify the applicant information as listed above. By signing below, applicant declares that the foregoing information is true and correct. Upon acceptance of credit being extended, applicant will be entered into the above personal guarantee contract. Payment history may or may not at some time be reported to a credit bureau. Applicant agrees to pay for purchases in accordance with account billing terms of net 30 days (balance on account due in full 30 days from purchase date) and further agree to pay service charges of 1½% per month (18% annually) on balances not paid within billing terms.

**If you have any questions please call our office at (707) 443-2228.**

\_\_\_\_\_  
Signature of Applicant, Owner or Officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant, Owner or Officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## NEW ACCOUNT CHECKLIST (STORE USE ONLY)

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

**ITEMS IN RED AND WITH AN "\*" AT THE END ARE  
REQUIRED. INCLUDE OTHER FORMS IF APPLICABLE.**

☐ **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

☐ **CHANGE OWNERSHIP**

☐ **APPLICATION\***

☐ CYLINDER TRANSFER FORM

☐ RESALE CERTIFICATE

☐ CREDIT CARD AUTHORIZATION

☐ **UPDATE TO EXISTING ACCOUNT**

☐ **APPLICATION\***

**APPLICATION COMPLETED BY:**

\_\_\_\_\_

**APPLICATION RECEIVED BY:**

\_\_\_\_\_

**TYPE OF PRODUCTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANTICIPATED FREQUENCY OF USE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTENDED FORM OF PAYMENT:**

☐ **CASH**

☐ **CHECK**

☐ **CREDIT CARD**

**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."

☐ TYPE AND FREQUENCY ARE COMPLETED FOR PERSONAL **AND** BUSINESS CREDIT CUSTOMERS.