



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: Please request form if needed.

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

HOW DID YOU HEAR ABOUT US: _____
 Business Name or DBA (If Applicable): _____
Applicant or Agent Contact Info: (Printed Name of Person Completing This Form): _____
 Phone: _____ Fax: _____ Email: _____
 Billing Address: _____
 Physical Address (If Different From Above): _____
 Delivery Address (If Different From Above): _____
 (Location Where Eureka Oxygen Property Will Be Stored)
Contact Name (If Different From Above): _____ Phone: _____
 Fax: _____ Email: _____
Please Email My Invoices & Statements: *INTENDED FORM OF PAYMENT:* CASH CHECK CREDIT CARD

AUTHORIZED USER(S) (Please Print): 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).
 Name: _____ Contact Phone/s: _____
 Name: _____ Contact Phone/s: _____
 Name: _____ Contact Phone/s: _____
 (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** deliver 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

Has Applicant or Joint Applicant Ever Filed Bankruptcy (If Yes, Please Explain): _____

Applicant
 Name: _____ Social Security #: _____ Date of Birth: _____
 Source of Income/Job Title/Employer Name: _____
 Address: _____
 Phone: _____ Fax: _____ Supervisor: _____
 Nearest Living Relative Name: _____ Phone: _____
 Address: _____

Joint Applicant (If Applicable)
 Name: _____ Social Security #: _____ Date of Birth: _____
 Source of Income/Job Title/Employer Name: _____
 Address: _____
 Phone: _____ Fax: _____ Supervisor: _____
 Nearest Living Relative Name: _____ Phone: _____
 Address: _____

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: _____

Email Address: _____ Phone: _____

Name: _____ Social Security #: _____ Title: _____

Email Address: _____ Phone: _____

Name: _____ Social Security #: _____ Title: _____

Email 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: _____

A/P Contact Name & Title: _____ Phone: _____

A/P Contact Email (If Different From Section A): _____

Email Invoices & Statements to This Email Address: Yes No

Bank Name: _____ Phone: _____

Address: _____ Account #: _____

Trade Suppliers/Credit References

(EACH REFERENCE MUST INCLUDE FAX NUMBER OR EMAIL ADDRESS)

Name: _____ Phone: _____

Email: _____ **Fax:** _____

Name: _____ Phone: _____

Email: _____ **Fax:** _____

Name: _____ Phone: _____

Email: _____ **Fax:** _____

Name: _____ Phone: _____

Email: _____ **Fax:** _____

Business Credit Accounts: Go To Section D To Complete Application

SECTION D: REQUIRED To Be Completed For All Account Types (COD/Short-Term, Personal & 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. 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: I acknowledge that failure to return the cylinder within 7 days will result in my being charged the full Loss of Use price of the cylinder and forfeiture of my deposit. _____ (INITIAL)

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 copy of this authorization, if necessary, to obtain any information regarding the above-mentioned information. Under the Fair Credit Reporting Act, customers 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 customers 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 customer for merchandise to be purchased, whether customer be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor(s) each hereby contract and guarantee to Eureka Oxygen Company the faithful payment, when due, of all accounts of said customer including customer's authorized user(s), agent(s) and/or employees for purchases made on behalf of customer as of the date of this application. The undersigned users each hereby expressly waives all notice of acceptance of this guarantee, notice of extension of credit to customer, presentment, and demand for payment on customer, protest and notice to undersigned guarantor(s) of dishonor or default by customer or with respect to any security held by Eureka Oxygen Company, extension of time of payment to customer, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor(s) 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 Guarantee can only be modified in writing and signed by all parties.

Customer 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 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 customer information as listed above. By signing below, customer declares that the foregoing information is true and correct. Upon acceptance of credit being extended, customer will be entered into the above guarantee contract. Payment history may or may not be reported to a credit bureau. Customer agrees to pay for purchases in accordance with account billing terms. All account types (COD/Short-Term; balance on account due in full at time of purchase - Personal and Business Credit; net 30 days - balance on account due in full, 30 days from purchase date) agree to pay service charges of 1.5% per month (18% annually) on balances not paid within billing terms.

The Employee Completing This Application Shall Not Be Personally Liable For Any Debt Of The Customer.

Personal Credit ONLY To Be Signed By Applicant(s)

Signature of Applicant	Printed Name	Date
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Signature of Co-Applicant	Printed Name	Date
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Business Credit ONLY To Be Signed By President, Managing Partner(s), Owner(s) or Authorized Agent

Signature of President, Managing Partner, Owner or Agent	Printed Name	Title	Date
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Signature of President, Managing Partner, Owner or Agent	Printed Name	Title	Date
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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.