



Credit Application

Please Fill out and fax to: iGas USA, Inc. Credit Department
P.O. Box 15762, Tampa, FL 33634, Tel: 813-443-0757, Fax: 813-886-7900

On the basis of the following data, we hereby apply for an extension of credit by iGas USA, Inc. The information submitted is true and correct according to our best knowledge and belief.

Company Name (Full): _____ Date: _____

Billing Address: _____

City, State, Zip: _____

Tel: _____ Fax: _____ E-mail: _____

website: _____

Year Established: _____

State of Corporation: _____ Federal ID (and Tax ID if applicable: _____

Corporation: _____ Proprietorship: _____ Sub Chapter S Corp: _____ Partnership: _____

If subsidiary, Name and Address of Parent: _____

Buying group affiliation: _____

Principal Owners or Officers:

Name: _____ Title: _____

SS#: _____ DOB: _____

Home address: _____

City, State, Zip: _____

Home Tel: _____ Alternate Tel (Cell): _____ E-mail: _____

Name: _____ Title: _____

SS#: _____ DOB: _____

Home address: _____

City, State, Zip: _____

Home Tel: _____ Alternate Tel (Cell): _____ E-mail: _____

We expect our monthly credit requirements to be about: \$_____

Trade References:

Business name

Contact

Tel

Email

Bank References:

Name of Bank: _____ Tel: _____

Fax: _____ Address: _____

Acct No: _____ Contact: _____

Will you pay sales tax? _____ (Certificate of resale must be attached or sales tax will be charged)

Certificate Number: _____

Standard Terms and conditions of sale appear on our invoices. It is agreed that sales of products by iGas USA, Inc. will be based on these terms and conditions. Terms of payment are net 30 days from the date of invoice. It is understood and agreed that past due balances are subject to interest at the rate of 1.5% per month or a maximum permitted by law. We hereby authorize you to contact the listed references for needed credit information, and we authorize the list references to release information to iGas USA, Inc.

Company Name: _____ Date: _____

President/VP/Proprietor: _____

Signature: _____

In order to induce iGas USA, Inc. to extend credit to _____ The undersigned does hereby absolutely, unconditionally and personally guarantee to iGas USA, Inc. the payment of all indebtedness and obligations of whatever nature to iGas USA, Inc., as they come due or accelerated, whether such indebtedness and obligations exist on the date of this instrument or are incurred after such date. The obligations hereunder shall be binding on the heirs, administration, successors and assigns of the undersigned.

(Personally, and Individually) Signature (Date)

****Please attach the most recent available year-end financial statement. It will be used in our consideration of your credit request and will be kept confidential. Payment term is 1% 10, net 30.**

By signing above, I agree that all sales are subject to iGas USA, Inc. Terms & Conditions. (<https://www.igasusa.com/terms-and-conditions-of-purchase>)