

To: Reference Company:		Fax/Ema	il:
complete this form and	as listed you as a trade cro return it to us via email on Inting at (813) 443-0757 if	at_"A20@igasusa.com"	d appreciate it if you would or fax over at (813) 886-7900. Thank you.
CUSTOMER REQU	ESTING REFEREN	CE:	
Company:			
Address:			
City/State/Zip:			
Phone:			
To be filled out by	Reference Compar	<u>ıy</u> :	
Date account opened:			
Terms:	[] Net Days []COD [] Prepay	
Credit limit:		_	
High credit:		_	
Current balance:		_	
Amount past due:		_	
Average days to pay:		_	
Date of last order:		_	
Additional comments or	' information:		
Reference Signature:			
Reference Print Name:			
Reference Title:			
Date:			

All sales are subject to iGas USA, Inc. Terms & Conditions. (https://www.igasusa.com/terms-and-conditions-of-purchase)