

BUSINESS CREDIT APPLICATION

COASTAL WELDING SUPPLY, INC.

CREDIT DEPARTMENT

PO BOX 3029

BEAUMONT, TEXAS 77704-3029

Ph. 409.981.7700 / Fx: 409.835.3894 or email: acctsreceivable@coastalws.com



| | | | | | | |
|--------------------------------------|--------------------------------------|------------------------------|--------------------------|---|----------------------------------|---------|
| Full Company Name | | | No. of Years in Business | | No. of Years at Present Location | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> DBA | Federal ID No. | P. O. Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone No. | Fax No. |
| Delivery Address | | | Billing Address | | | |
| City, State, Zip | | | City, State, Zip | | | |

Name of Owners, Principals, and Officers

| | | | |
|------|-------|-----|-----------|
| Name | Title | SS# | Phone No. |
| Name | Title | SS# | Phone No. |
| Name | Title | SS# | Phone No. |

Trade References

| | | | |
|------|---------|-------|---------|
| Name | Address | Phone | Contact |
| Name | Address | Phone | Contact |
| Name | Address | Phone | Contact |

| | | | |
|----------------|--------------|------------------------|--|
| Bank Reference | Bank Address | | |
| Bank Phone No. | Contact | No of Years Affiliated | |

All Charges to debtor's account are due and payable thirty (30) days from the date debtor purchases, leases, or rents the goods or services giving rise to the charge. A service charge of 1.5% per month (18% annual percentage rate) may be charged on all amounts that are thirty (30) days or more past due. Coastal Welding Supply, Inc. reserves the right to change any terms of this credit agreement from time to time, including the service charge rate, as it applies to the current and future balances in the account. Coastal Welding Supply, Inc. may at any time and in its sole discretion, decline to extend credit under this credit agreement for any future purchases, leases, or rents. Please visit www.coastalws.com/terms-of-sale, for Coastal Welding Supply's complete General Terms and Conditions.

| | | |
|------------------------|---------------|-------|
| Applicant's Signature: | Printed Name: | Date: |
|------------------------|---------------|-------|

Applicant's signature attests financial responsibility and willingness to pay all charges in accordance with our terms.

Personal Guarantee

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

| | | | |
|-----------|-------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Signature | Date | Signature | Date |
| _____ | _____ | _____ | _____ |
| Print | | Print | |

| | | | | | | |
|--|--|---|-------------------------------------|-------------------|------------------|-----------------------|
| OFFICE USE ONLY | <input type="checkbox"/> Cash Cylinder Account | <input type="checkbox"/> Charge Account | <input type="checkbox"/> 99yr Lease | CWS Branch: _____ | Sales Rep: _____ | Credit Limit \$ _____ |
| Cylinders: <input type="checkbox"/> Lease <input type="checkbox"/> | Approved By: _____ | | Date: _____ | | | |

Additional Information for Credit Applications and Divisions

For New Account, requested Credit Limit:

If New Division, what is main account number:

Bill To Address:

Street 1: _____
Street 2: _____
City: _____
State: _____ Zip: _____

Ship To Address:

Street 1: _____
Street 2: _____
City: _____
State: _____ Zip: _____

Accounts Payable Contact Info

Name: _____
Phone: _____
Fax: _____
Email: _____

Shipping Contact Info

Name: _____
Phone: _____
Fax: _____
Email: _____

Electronic Invoicing Yes No

If Yes, Email Address: _____

POD Required w/Invoice

Yes No

Cylinder Rental PO or Paying with Credit Card

PO Number: _____

Credit Card: _____

Special Billing Instructions:

Contract: Yes No

BELOW SECTION FOR INTERNAL USE ONLY

For Accounts Receivable Only

New Acct No: _____
Branch: _____
Territory: _____
Tax Status: _____
Exemption Certificate on file? _____
Salesperson Assigned to Account _____
Credit Code: A B W

Contracts and Fees

Master Customer: _____
Usage Fees: _____
Hazmat Fees: _____
Delivery Fee: _____
Surcharges: _____
Pricing: _____

Verified by: _____

Date: _____