

Credit Application



Roberts Oxygen Company, Inc.
 PO Box 5507, Rockville, MD 20855
 www.robertsoxygen.com
 Phone: 301-315-9090

Date:

Billing Address:

Company Name:

Address Line 1:

Address Line 2:

City, State:

Zip/Postal Code:

Contact Name Billing:

Phone & Fax:

Roberts Account #

List 4 principal firms with whom you have an established credit history:

Receive All Invoices via E-mail (PDF)? yes no

E-mail address(es):

Ship to Address:

Ship to Name:

Address Line 1:

Address Line 2:

City, State:

Zip/Postal Code:

Name (1):

Address:

City, State, Zip:

Phone & Fax:

Name (2):

Address:

City, State, Zip:

Phone & Fax:

Name (3):

Address:

City, State, Zip:

Phone & Fax:

Name (4):

Address:

City, State, Zip:

Phone & Fax:

We are required to collect sales tax unless you include a Tax Exempt Certificate with this fax

Federal Tax ID:

Is this Business Incorporated? yes no

State of Incorporation:

Year Business Established:

Present ownership in place since:

Bonding Company:

Bank Name:

Checking Account #:

Landlord:

Landlord Phone #:

List Name, Social Security Number, and Home Address of Owner/ Officers:

Name	Social Security #	Home Address

Gases are sold, contained for the most part, in cylinders owned by the seller. Buyer agrees to pay the sellers replacement cost for any missing cylinders. Terms of sale shall be net upon receipt of invoice, with 1 1/2% finance charge after 30 days. The undersigned agrees to said terms and conditions.

Printed Name: _____

Signed By: _____

Title: _____