



PO Box 15151, Wilmington, DE 19850-5151
302.594.4562 • 302.594.4567 Fax

Corporate Credit Application

Sales Associate: _____ Account #: _____ Date: _____

TERMS: Net 30 days. 1.5% Service Charge on past due accounts.

Estimated monthly purchases: \$ _____

Please indicate which products you may purchase from Keen:

- | | | |
|---|--|--|
| <input type="checkbox"/> Industrial Gases | <input type="checkbox"/> Welding Machines | <input type="checkbox"/> Gases (Liquid Form) |
| <input type="checkbox"/> Welding Supplies | <input type="checkbox"/> Specialty & Medical Gases | <input type="checkbox"/> Safety Supplies |
| <input type="checkbox"/> Propane – Cylinder | <input type="checkbox"/> Tools/Accessories | <input type="checkbox"/> Other (please list) _____ |

Business Information

BILL TO:			SHIP TO:		
Name:			Name:		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	

Approximately how long have you been in business? _____ Type of business? _____

CFO Contact Name: _____

Accounts Payable Contact Name: _____ Email Address: _____

Method to receive invoices/statements: Fax: _____ Email: _____

FED ID#: _____ DUNS #: _____ Primary NAICS Code: _____

* If yes, Tax Exempt # _____ and include a copy of Tax Exemption Certificate

Tax Exempt: Yes No

Is a Purchase Order Number required? Yes No

Interested in (check all that apply): Online Ordering Online Payments

Business References

COMPANY NAME	ADDRESS	PHONE NO.	FAX NO.

(Continued on next page)



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Bank Information

Bank Name:		Bank Name:	
Checking Account No. (Needed to obtain reference)		Loan Account No.	
Phone	Fax	Phone	Fax
Contact Name		Contact Name	

Owner Information

Owner Name:	Co-Owner Name (if applicable):
Email Address:	Email Address:

Authorization to Check Credit

By signing below, I indicate willingness to allow Keen Compressed Gas Co. to check with any source which they deem appropriate for the purpose of evaluating this company's credit history. I further agree to Net 30 day terms and to pay service charges billed on amounts not paid within these terms. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. If our company changes ownership, we will promptly notify Keen Compressed Gas Co. in writing.

Authorized Signature	Date
Print Name	Title/Position

Additional Information

How did you hear of Keen Compressed Gas Co.?

- Keen Sales Person
- Business Associate/Referral
- Print Advertising
- eNewsletter
- Website
- Social Media
- Online Search
- Other (please list): _____

Where have you purchased welding supplies in the past? _____

SUBMIT TO:

**Credit Department
Keen Compressed Gas Co.
PO Box 15151
Wilmington, DE 19850
Phone (302) 594-4562 Fax (302) 594-4567
Email: arkcg@keengas.com**