



Lin-Gas, Inc.
406 S. Barker Avenue
Evansville, Indiana 47712

www.lingas.com

Toll Free: 800-850-4380
(812) 424-9021
(812) 424-9056 Fax

COMMERCIAL/INDUSTRIAL APPLICATION FOR CREDIT
(All Blanks must be Completed)

Date _____

Exact Company Name _____ Trade Name _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Electronic Billing Email : _____ Contact person Email : _____

Fax Number: _____ Contact Person Name: _____

Address for Paper invoice copies: _____

Number of Copies required: _____

Full Name of Owner (or an Authorized Officer of Corporation). List Address and Zip Code for Partnership or Individual.

Name	Title		
Address	City	State	Zip Code

Please Check One Individual Partnership Corp. LLC Other(Specify) _____

Federal Tax No. _____ State Tax No. _____

Type of Business _____ Date Started _____

Annual Sales _____

Former Business Name and Address _____

Shipping Information

Ship to _____

Order Information

Are orders accepted by: Purchase Order Number only Yes No
 Signature Yes No
 Both Yes No

Are only certain individuals authorized to order: Yes No

If yes, list names, titles and signatures below:

(Name)	(Title)	(Signature)
(Name)	(Title)	(Signature)

Sales Tax Information

We must charge sales tax on all purchases unless you are exempt. Are all sales to you tax exempt? _____ Yes _____ No

Sales Tax Exemption Number: _____

Are there any purchases made which are tax exempt and others which are not? _____ Yes _____ No

If yes, you must indicate on each order whether taxable.

WITHOUT TAX EXEMPT CERTIFICATE ON FILE, WE ALWAYS CHARGE SALES TAX. PLEASE ATTACH TO APPLICATION.

Trade References

Name	Address	City	State	Zip	Telephone	Fax
1.	_____					
2.	_____					
3.	_____					
4.	_____					

Name of Banks:	Address	City	State	Zip	Telephone
1.	_____				
2.	_____				

Applicant's signature attests to financial responsibility, ability and willingness to pay invoices in accordance with following terms: Net 30 days from date of invoice, unless otherwise agreed in writing by Lin-Gas, Inc. Service charge of 1.5% per month (18% annual rate) will be charged on invoices which are 30 days past due. It is attested that all information given is true and accurate and that applicant's company is financially able to meet all payment terms and that Lin-Gas invoices will be paid according to terms and that maximum legal interest will be charged on past due balance together with all statement fees and court costs and actual reasonable attorney fees and collection fees which may arise in connection with collection of this account. Applicant further authorizes Lin-Gas, Inc., and its agents, to use any information contained in any credit or court file, including computer records and without reservation from whatsoever source, at the initial application and from time-to-time while credit is granted to customer.

Authorized Signature _____

Print Name _____

Title _____