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Business Applicant name \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Individual \_\_\_\_\_

**BILLING INFORMATION**

**SHIPPING INFORMATION**

Same as Billing

Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State / Zip: \_\_\_\_\_

Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State / Zip: \_\_\_\_\_

Indicate your invoicing preference. Your invoices can be printed & mailed, faxed or emailed (TIFF format) to you semi weekly or monthly.

Sent:  Semi Weekly  Monthly  Fax Number (For invoicing) \_\_\_\_\_  Email Address (For invoicing) \_\_\_\_\_

**BUSINESS INFORMATION**

Name of Business / Account Name \_\_\_\_\_ Title of Business Officer \_\_\_\_\_ Primary Accounts Payable Contact \_\_\_\_\_  
 Business Type (Proprietorship, Owner/President/Primary Partner) \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_ Federal ID Number \_\_\_\_\_  
 Business Start Date \_\_\_\_\_ Doing Business As \_\_\_\_\_ Resale Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

\*Please attach trade references

**INDIVIDUAL INFORMATION**

Own home or rent? \_\_\_\_\_ Former address if current is less than 2 Years. \_\_\_\_\_  
 Drivers License \_\_\_\_\_ Social Security Number \_\_\_\_\_ Employer \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ Years of Employment \_\_\_\_\_ Salary \_\_\_\_\_  
 Spouse Name \_\_\_\_\_ Spouse Employer \_\_\_\_\_ Spouse Employer Phone \_\_\_\_\_  
 Nearest Relative \_\_\_\_\_ Relative Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**CREDIT INFORMATION FOR INDIVIDUALS**

**Individual Credit Reference**

(Name and Phone Number) (Family Accepted)

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

Estimated Monthly Credit Usage \_\_\_\_\_

Additional information may be required.

- 1. Address Verification
- 2. Copy of employment pay stub
- 3. Authorization Form

**BANK REFERENCE**

Primary Bank \_\_\_\_\_ Bank Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Is your company tax exempt?  Yes  No If yes, tax exemption certificate must be on file.

Does your company require purchase orders?  Yes  No

**APPLICANT PLEASE READ:** I UNDERSTAND THAT THIS APPLICATION FOR CREDIT AUTHORIZES RAM WELDING SUPPLY, A DIVISION OF FRESNO OXYGEN, TO CHECK ALL CREDIT AND BUSINESS ASSOCIATIONS WITHOUT RECOURSE. FURTHERMORE IN THE EVENT THAT I DO NOT PAY PROMPTLY, WITHIN THE TERMS ESTABLISHED BY RAM WELDING SUPPLY, I RELINQUISH ALL RIGHTS OF OWNERSHIP OF GOODS CHARGED TO MY ACCOUNT WITH RAM WELDING SUPPLY. I UNDERSTAND AND AGREE THAT I WILL PAY SUCH EXPENSES AS COURT COSTS, FINES, AND LEGAL FEES, IN THE EVENT LEGAL PROCEEDINGS ARE NECESSARY TO COLLECT A DELINQUENT ACCOUNT. ADDITIONALLY, IF DEBT IS PLACED WITH A CERTIFIED COLLECTION AGENCY THE UNDERSIGNED GUARANTOR WILL PAY ALL COLLECTION COSTS TO INCLUDE ALL INTEREST ACCUMULATION. A FAXED COPY OF MY SIGNATURE CAN BE CONSIDERED THE ORIGINAL.

**CREDIT APPLICANT MUST BOTH SIGN AND PRINT NAME WITH SUBMISSION OF PHOTO ID**

Authorized Signature \_\_\_\_\_ Signatory Title \_\_\_\_\_  
 Signatory Name (Printed) \_\_\_\_\_ Date of Signature \_\_\_\_\_