



MATHESON

ask. . .The Gas Professionals™

MATHESON Representative Name:

MATHESON Store Location (City):

CREDIT APPLICATION AND AGREEMENT

CUSTOMER BILLING CONTACT INFORMATION

Applicant's Full Name or Corp Name (As filed with the Secretary of State):

Attention:

Billing Address:

City:

County:

State:

Country:

ZIP/Country Code:

Billing Phone #:

Billing Fax:

Billing Email:

Website address:

Requested Credit Limit:

Invoices will be paid by: Applicant Other If other, provide complete name, address, & phone # below:

What payment method do you anticipate paying with Check ACH EFT Credit Card Cash / Money Order

For payment questions call:

Title:

Phone #:

Ext:

How would you like to receive your invoices/statements Email Fax EDI Mailed (\$3 fee / per invoice for mailing)

If Email/ Fax, please provide the email/fax # you'd like them to go to if different from billing information above:

Are Purchase Order Numbers (PO#'s) required? Yes No If yes, do you use Blanket PO# or Single Order PO# Both

CUSTOMER SHIPPING CONTACT INFORMATION

Shipping Name (DBA):

Job #/Room #/Bldg. #:

Shipping Street Address:

City:

County:

State:

Country:

ZIP/Country Code:

Shipping Contact:

Title:

Phone #:

Shipping Fax:

Shipping Contact Email:

CUSTOMER AND CREDIT INFORMATION

How long has your company been in business under the current name?

Type of Business:

Dun & Bradstreet # (if known):

Previous Name or DBA and address:

Type of business: Sole proprietorship Partnership Corporation Other:

Date business started:

If Corporation Date Incorporated:

State of Incorporation:

Medical License #:

Expiration Date:

Federal Tax ID #:

Is your company tax exempt: Yes No If Tax Exempt, include a copy of your exemption certificate

Has your company ever filed Bankruptcy? Yes No If yes, when, where, and what is the status of the case?

If your company is currently being managed or undergoing the supervision of a trustee (court appointed or bankruptcy), Indicate the name, address, and phone # of the trustee:

Bank Name:

Account #:

Phone #:

INDIVIDUAL/SOLE PROPRIETOR INFORMATION

Driver's License #:	State:	Social Security #:
Employer:	How long employed:	
Employer Address:	Employer Phone #:	
Local Contact (Relative or friend not at same address) Name:	Relationship:	
Address:	Phone:	

BUSINESS/TRADE REFERENCES

Company name:	Phone:
Address:	Fax:
City, State ZIP Code:	Account #:
Type of account:	Contact Person:
Company name:	Phone:
Address:	Fax:
City, State ZIP Code:	Account #:
Type of account:	Contact Person:
Company name:	Phone:
Address:	Fax:
City, State ZIP Code:	Account #:
Type of account:	Contact Person:

RESIDENTIAL PROPANE CUSTOMERS

<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home	Mortgage Holder/Landlord Name:	
Current heating fuel:	Estimated Annual Usage:	Tank Size Required:
What propane appliances do you currently have or expect to install? <input type="checkbox"/> Central Heat <input type="checkbox"/> Space Heater <input type="checkbox"/> Cook Stove <input type="checkbox"/> Water Heater <input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Other (List):		

Residential Propane: We are a supplier of propane. We do have a Budget Payment Program. The Budget Program is a perpetual program where your monthly payment is calculated on your expected propane needs for the upcoming propane season. This monthly amount may be adjusted throughout the season depending on your actual usage and the prevailing price of propane. The starting month is normally July. However, if a later start is accepted, your monthly payment will be higher during the first year to account for the missed months after July. It will then be re-adjusted for the next propane season. Ask your propane representative for more details.

The undersigned hereby acknowledges that this application is submitted for the purpose of obtaining credit. The undersigned hereby represents that the foregoing statements are true, correct, and complete. I also represent that I am authorized to provide this information and enter into this credit agreement with Matheson Tri-Gas, Inc. The holder of this application is authorized to verify or authorize others to verify all information, and I agree to notify your company or subsidiaries of any material change of facts within 30 days of such change. This credit agreement shall remain the property of Matheson Tri-Gas, Inc. or its assigns.

The following section must be signed by the customer for credit to be granted.

I agree to pay all invoices within agreed payment terms, and that all invoices will be considered past due after payment terms expire. If any invoices are not paid within terms of the invoice, I agree to pay Matheson Tri-Gas, Inc. all unpaid past due invoice balances with INTEREST thereon at the RATE OF INTEREST NOT TO EXCEED 1.5% PER MONTH on the overdue balance. If the invoice is not paid on demand, I agree to pay your reasonable attorney fees, court costs, and collection expenses, and agree that New Jersey law will govern any dispute. I also agree that any lawsuits regarding this debt will be filed in the county of Matheson Tri-Gas, Inc.'s choice in New Jersey and I will accept service of any papers filed by Matheson Tri-Gas, Inc. to collect this debt from me.

ATTENTION ALL APPLICANTS:

YOU HEREBY AUTHORIZE MATHESON TRI-GAS, INC. ("MTG") TO INVESTIGATE YOUR FINANCIAL RESPONSIBILITY AND CREDIT WORTHINESS, INCLUDING OBTAINING CREDIT BUREAU REPORTS AND MAKING OTHER CREDIT INQUIRIES THAT MTG DEEMS NECESSARY. UPON YOUR WRITTEN REQUEST, MTG WILL INFORM YOU WHETHER MTG HAS OBTAINED A CONSUMER CREDIT REPORT AND THE NAME AND ADDRESS OF ANY CONSUMER REPORTING AGENCY THAT FURNISHED THE REPORT. YOU ACKNOWLEDGE AND AUTHORIZE THAT, WITHOUT FURTHER NOTICE, MTG MAY USE OR REQUEST ADDITIONAL CREDIT BUREAU REPORTS TO UPDATE MTG'S INFORMATION SO LONG AS YOUR OBLIGATIONS TO MTG ARE ONGOING.

SIGNATURES

Signature	Printed Signature
Title:	Date:

OFFICE USE ONLY

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	If not approved, then reason:		
Credit Limit Approval Amount:	Terms:	New Account #:	
Store Manager/Credit Rep:	(.00 or less)		
Zone Controller or Corp Credit Manager and RSM:	(.01 – ,000)		
VP. Bulk/Packaged Products/Corp Controller/Zone VP:	(.01 – ,000)		
EVP:	(.01 – ,000)		
CEO:	(,000 +)		
Salesman 1 Name:	Number:	Salesman 2 Name:	Number:
Salesman 3 Name:	Number:	Territory/Branch:	
NAICS (SIC) CODE 1:	NAICS (SIC) CODE 2:	Credit Rep Name:	