



**Credit Application**

Please Fill out and fax to: iGas USA, Inc. Credit Department  
P.O. Box 15762, Tampa, FL 33634, Tel: 813-443-0757, Fax: 813-886-7900

On the basis of the following data, we hereby apply for an extension of credit by iGas USA, Inc. The information submitted is true and correct according to our best knowledge and belief.

Company Name (Full): \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

URL:http://\_\_\_\_\_

Year Established: \_\_\_\_\_

State of Corporation: \_\_\_\_\_ Federal ID (and Tax ID if applicable): \_\_\_\_\_

Corporation: \_\_\_\_\_ Proprietorship: \_\_\_\_\_ Sub Chapter S Corp: \_\_\_\_\_ Partnership: \_\_\_\_\_

If subsidiary, Name and Address of Parent: \_\_\_\_\_

**Principal Owners or Officers:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Alternate Tel (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Alternate Tel (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

**We expect our monthly credit requirements to be about: \$ \_\_\_\_\_**

**Trade References:**

Business name	Contact	Address	Tel	Fax
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Bank References:**

Name of Bank: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Contact: \_\_\_\_\_

Will you pay sales tax? \_\_\_\_\_ (Certificate of resale must be attached or sales tax will be charged)  
Certificate Number: \_\_\_\_\_

Standard Terms and conditions of sale appear on our invoices. It is agreed that sales of products by iGas USA, Inc. will be based on these terms and conditions. Terms of payment are net 30 days from the date of invoice. It is understood and agreed that past due balances are subject to interest at the rate of 1.5% per month or a maximum permitted by law. We hereby authorize you to contact the listed references for needed credit information, and we authorize the list references to release information to iGas USA, Inc.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
President/VP/Proprietor: \_\_\_\_\_  
Signature: \_\_\_\_\_

**\*\*Please attach the most recent available year-end financial statement. It will be used in our consideration of your credit request and will be kept confidential. Payment term is 1% 10, net 30.**