



Dental, Medical & Industrial Gas Co.

Date: _____

EST Monthly Sales: _____

New Account Application

Company Name: _____

Billing Address: _____

Ship to Address (if different from above) _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Type of Buisness _____

When Business Established _____ How Long at Present Location _____

Owner's Name _____ Home Phone _____

Residential Address _____

City _____ State _____ Zip _____

Please List Three Business Firms With Which You Have An Open Account:

1. Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Contact Person _____ Account # _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Contact Person _____ Account # _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Contact Person _____ Account # _____

Bank Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Contact Person _____ Account # _____

Tax Exempt Status _____ Full Exempt _____ Partially Exempt _____ Non Exempt _____

Dental, Medical & Industrial Gas Co.,Inc

I hereby authorize you to investigate the references listed herein or any of the other information stated to determine my qualifications for a credit account. A collection fee, representing one third (1/3) of the outstanding balance will be added if the account is referred to an attorney for collection.

In consideration of credit extended to _____ I/ we hereby agree to be responsible for all the purchases made on this account. The account will be paid in accordance with our terms as stated below.

I certify all information given is correct.

Date _____ Officer's Signature _____

Terms and Conditions of Sales

Payment Terms

Net 30 days from the date of invoice unless otherwise shown on invoice to customers with established credit. Orders may be delayed if account is past due. Shipments to customers without established credit will be made COD until approved by our credit department. A service charge of 1 ½ per month (18% per annum) will be added on all past due invoices.

Prices

Prices are F.O.B Readville, Ma. All prices subject to change without notice. Shipments will be invoiced at price in affect at time of shipment. Prices do not include any local or state taxes. Buyer shall be liable for all Sales, Use or Excise Taxes not included in total invoice price unless exemption certificate is on file.

Guarantee

All equipment is guaranteed to the extent of the manufacture's guarantee. No claim will be allowed for subsequent damages by consumer with delivering carrier.

Damage or Loss

All materials shipped at buyer's risk. Claims for damage or lost merchandise must be filled out by consumer with delivering carrier.

Return Policy

No credit will be given for gas cylinders or merchandise returned without corporate office authorization. The invoices number, date of delivery and the reason for the return must accompany all returned merchandise. A 25% restocking charge may be applied. Any allowed credits will be applied to future purchases. No credit will be granted for gas cylinders after 10 days of delivery.

Facsimile Signatures Will Be Accepted As Original

