

Company Name _____

Trade References: (Minimum 3) Include
Company Name, Address, Phone and Fax of
Contact.

Bill To: _____

1. _____

City _____
State _____ Zip _____

Ship To: _____

City _____
State _____ Zip _____

2. _____

Phone _____/_____/_____

Fax _____/_____/_____

Email _____

3. _____

Invoice by: Mail ___ Fax ___ Email ___

Accounts Payable Contact:

Name _____

Email _____

Phone _____/_____/_____

4. _____

Length of time in business? _____

() Corporation () Partnership

() Sole Proprietorship

Federal Tax ID # _____

Taxable _____ **Yes** _____ **No**

If non-taxable

State Tax Exempt # _____

Company Officer: _____

****We are required by law to have a copy of
your Sales Tax Exempt Certificate on file.***

Bank Reference _____

Please forward with this application.

Contact _____

The undersigned hereby agrees to abide by our normal sales terms and conditions, which are available upon request or at: www.industrialgastechology.com

Signature _____ Title _____ Date _____

Return to: Industrial Gas Technology, Inc. Attn: Accounting Dept. P.O. Box 51124 Bowling Green, KY 42102 or
Fax to: 270-783-0739 or email: info@igtinc.net