



NEW ACCOUNT FORM

Branch info:

Address: _____
 City, St. Zip _____
 Phone: _____
 Fax: _____

ACCOUNT NAME _____ MAILING ADDRESS _____
 STREET/SHIP TO ADDRESS _____ CITY/STATE/ZIP _____
 (PHYSICAL LOCATION) HOME OFFICE ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE _____ FAX _____ CITY/STATE/ZIP _____
 LOCAL MANAGER _____ EMAIL ADDRESS _____
 HOME OFFICE PHONE _____ Check one box >> CORPORATION PARTNERSHIP INDIVIDUAL
 DATE INCORPORATED _____ STATE INC. _____ FED I.D. NO. _____

Individual or Small Business Accounts Only

HOME PHONE NO. _____ S.S. NO. _____
 EMPLOYED BY _____ SPOUSE _____
 NAME/ADDRESS/PHONE NEAREST LIVING RELATIVE NOT LIVING WITH YOU

FOR HOME OFFICE USE DO NOT WRITE IN THIS SPACE

APPROVED _____ REJECTED _____
 D & B RATING _____
 CREDIT LIMIT APP. _____
 REMARKS _____

CREDIT REFERENCES

| NAME | CITY/STATE | PHONE NO. |
|-----------------|------------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| BANK REF. _____ | _____ | _____ |

SPECIAL PRICING

| PRODUCT | % OF LIST |
|---------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The undersigned absolutely and irrevocably guarantees the payment and performance of all applicant's duties, obligations and liabilities under his account.

Guarantor Signature

SALES TAX EXEMPT? YES IF 'YES' CHECK ONE BOX >>> RESELLER MFG.
 CHECK 'YES' OR 'NO' >>> NO OTHER _____
 RESALE PERMIT NO. (ATTACH COPY) _____

DATE OPENED _____ BRANCH CODE _____ SALESMAN _____
 STATE TAX CODE _____ COUNTY CODE _____ CITY CODE _____
 ORIG INV. NO. _____ WELSCO EMPLOYEE INITIALS _____
 TYPE APPLICANT NAME _____ DATE _____
 APPLICANT SIGNATURE

BOUGHT CYLINDERS
 RENTED CYLINDERS
 NO CYLINDERS
 ECA

LR-01 RV-03 ED-04 MA-05 CW-06 ST-07 BE-08
 FS-09 WM-10 PB-11 SP-12 TU-15 SM-55 FV-13
 BV-14