



Internal Use Only:
 CG _____ DG _____ HND / SLP: _____ WEB _____

RETURN FAX TO 800-243-8341 Attn: Debbie B

**Application for Account
 Open Account / C.O.D. / Credit Card
 Please print or type, and complete all pages**

Business Name: _____
 Bill to Address: _____ CITY _____ ST _____ ZIP _____
 Ship to Address: _____ CITY _____ ST _____ ZIP _____
 E-Mail Address: _____ Yes, I prefer to receive promotions via my E-Mail
 RMI On-Line Website Access: User Name: _____ Password: _____
 Telephone Number: _____ Facsimile Number: _____
 Contact Person: _____ Accounts Payable Contact: _____
 Type of Business: _____ Year Established: _____
 Corporation: _____ Partnership: _____ Sole Proprietorship: _____ Trust: _____
 Federal I.D. (or Social Security) Number: _____

****A completed resale tax certificate must be attached or we will charge the appropriate tax on all orders****

Name of Principal: _____	Name of Principal: _____
Home Address: _____	Home Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Telephone No.: _____	Home Telephone No.: _____

Credit Card Information – needed for Credit Card Account only

Credit Card Type & Number: _____
 CVV2 CODE (Last 3 digits on back of card) _____ EXP: _____
 Name on Card _____ Signature _____
 Address on Card (if different from above) _____

SIGNATURE MUST BE THAT OF A PRINCIPAL. If property is owned in joint names, all signatures required.

If applying for a credit card account only, you do not need to complete the rest of this page please complete page 2 & 3.

Trade References – needed for Open Account & C.O.D only

To expedite credit approval, please provide references that will respond to our inquiry along with accurate telephone and fax numbers.

Thank you.

Name: _____	Name: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Bus. Tel. No.: _____	Bus. Tel. No.: _____
Fax Tel. No.: _____	Fax Tel. No.: _____

Bank References – needed for Open Account & C.O.D. only

Savings Bank Name: _____ Tel: _____ Acct #: _____
 Checking Bank Name: _____ Tel: _____ Acct #: _____
 Desired Credit _____ Annual Sales \$: _____ D & B Rated? _____

Please check the types of products that interest you:

- Propane equipment for home and commercial installations.
- Propane equipment for bulk plants and trucks.
- Propane fill station equipment and related resale items.

- Heating equipment and accessories.
- Grill, grill parts, or leisure gas products.
- Welding or medical gas cylinder valves and fittings.

Please check category that best describes your company so we may maintain an accurate mailing list:

- Propane Gas Company**
Company that delivers propane to customers by bulk trucks.
- Propane Dealer**
Fill station or dealer for another gas company (no bulk delivery)
- Mechanical, Plumbing, or Construction Contractor**
Installer of piping or heating equipment.
- Industrial Account**
Uses equipment for bulk storage or transfer of gases.

- Retail Store**
Resale of heating equipment.
- Retail Store**
Resale of grills and leisure products.
- Welding or Medical Gas Distributor**
- OEM Manufacturer**
Use of equipment in the manufacturing of other items.
- Other**

I hereby certify that all statements accompanying and contained in this application are true and made for the purpose of obtaining credit and in consideration of Ray Murray Inc. selling to me or my agent(s), I agree to the following terms:

- (1) To pay each invoice on my account in full within thirty (30) days of the invoice date.
- (2) To pay a service charge for late payment, computed at an annual percentage rate of 18%.
- (3) If this account is placed for collection, I agree to pay all reasonable charges for collection, including attorney fees. I further agree that a charge of 25% of the claim shall be considered reasonable as an attorney's fee and 30% of the claim shall be considered reasonable as a collection fee.
- (4) The undersigned authorizes any credit investigation needed for action on this credit application and hereby indemnifies Ray Murray Inc. and its' agents from any liability resulting from their credit survey. It is also acknowledged and agreed that accounts receivable information may be reported by the company to various consumer and commercial credit agencies.

EXECUTED AS A SEALED DOCUMENT

Account Name _____

Signature

Printed Name

By: _____
Title: _____

By: _____
Date: _____

Signature MUST BE THAT OF A PRINCIPAL. If property is owned in joint names, all signatures required.

Personal Guaranty

In consideration of the extension of credit by Ray Murray Inc. to:

Company Name

(hereinafter referred to as "the Customer"), and for other valuable consideration, the undersigned hereby agrees to pay all sums of money now due and hereafter, to become due from the Customer, including without limiting the generality of the foregoing legal and other costs of attempts to collect said sums from the Customer and the undersigned, and lawful interest on said sum.

The liability of the undersigned shall be primary, and if more than one person or entity signs this agreement, shall be joint and several, and shall not be affected by any discharge, extension of time, release of security, acceptance of compromise, or any other modification of the liability of the Customer, and shall not be dependent upon recourse to any remedies against the Customer, except that the undersigned shall receive credit for any sum received on Customer's account. The undersigned hereby waives any notice of the time and amount of extension of credit to the Customer, as well as rights of set-off, redemption, and counterclaim which may be alleged to exist in favor of Customer.

This agreement is intended to cover a running account or accounts by the Customer and will remain in full force and effect until fourteen (14) days after withdrawal by writing sent by registered mail, return receipt requested and received at the above address and effect with respect to all sums of money that are due and that become due from the Customer as a result of transactions through and including the date fourteen (14) days after said withdrawal is received. No rights against the undersigned are waived by failure to exercise any rights against the Customer upon his default. The incorporation, merger, reorganization, or sale of the Customer's business shall not operate as a termination of this guaranty. The undersigned hereby agrees to pay any and all of said sums, together with all legal and other costs including attorney fees of enforcing this agreement contained herein both as against the Customer and the undersigned.

This agreement is a Massachusetts contract and shall be interpreted under the Laws of the same.

Witness my/our hand(s) and seal(s) this _____ day of _____ 20_____

(individually)

(USE NO TITLES WHEN SIGNING,
e.g. President, Trustee, etc.)

(individually)

(individually)

(REQUIRED)
SIGNED IN THE PRESENCE OF:
