



APPLICATION & AGREEMENT FOR OPEN ACCOUNT (Commercial)

Acct Name \_\_\_\_\_ Date Business Opened \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ship to Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_ Tax Exempt: Yes or No (circle one)

\* If tax exempt you must provide a copy of your Tax Exempt Resale, Non-profit Certificate or Timber Card.

President/Owner(s) Name \_\_\_\_\_

Treas/Controller Name \_\_\_\_\_

Amount of Credit Requested \$ \_\_\_\_\_

Accounts Payable Contact Name \_\_\_\_\_

Accounts Payable Email \_\_\_\_\_

Do you require a purchase order \_\_\_\_\_ (yes or no)

Would you prefer invoices and statements sent via: US Mail      Fax      Email \_\_\_\_\_ (check one)

TRADE REFERENCES: (Must Supply 3 references and include the fax number or email of credit contact)

1. \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**APPLICANT'S AUTHORIZATION & AGREEMENT**

In support of this application, B & J Welding Supply is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business.

It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that each invoice will be paid in full upon receipt or in accordance with the terms of sale of Net 30 or as stated on the invoice(s).

Should I/we not pay B & J Welding Supply according to the terms agreed upon, it is understood that credit privileges may be withdrawn.

Should B & J Welding Supply find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay finance charges assessed each month (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or court costs allowable by law, furthermore, jurisdiction and venue for any dispute or collection shall be in Lubbock County, Texas.

Claims arising from/or do to dispute for invoices must be made within seven working days.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
*(Must be signed by an officer or principal of the firm)*

**TITLE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PERSONAL GUARANTEE**

The undersigned, [print name] \_\_\_\_\_, of the applicant corporation/company hereby agrees to the above terms and conditions and assumes personal responsibility for payment of said corporation's/company's account.

\_\_\_\_\_  
*(An individual)* **DATE** \_\_\_\_\_

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**CREDIT DEPARTMENT USE ONLY**

**CUSTOMER#** \_\_\_\_\_ **CREDIT LIMIT** \_\_\_\_\_ **TERMS** \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_



**CYLINDER RENT/LEASE AGREEMENT**

ACCOUNT NAME: \_\_\_\_\_ CUSTOMER #: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Unless otherwise specified, cylinders, fittings and caps covered by these Terms are rented by Seller to Buyer at Seller's current daily rates, beginning with the date of delivery. Rental charges are assessed as of the last day of each month or at the start of each annual lease period, as applicable. Buyer shall not permit cylinders or other storage containers furnished hereunder to be filled with any product not furnished by Seller or its authorized agent. Buyer shall return, in a good and non-contaminated condition, all cylinders, with valves closed, complete with caps and fittings and shall pay Seller the replacement value of: (1) any lost or damaged cylinders, caps or fittings and for any loss or damage caused by Buyer contamination; or (2) those cylinders not returned to Seller within three (3) months from date of shipment to the Buyer (other than those subject to an annual lease) or, if damaged and the damage can be repaired, the cost of making such repair. Payment by the Buyer of charges for damaged, lost or destroyed cylinders shall not give any ownership interest in the cylinders to the Buyer.

I AGREE TO PAY MONTHLY CYLINDER RENT UPON RECEIPT.

I AGREE TO PAY YEARLY CYLINDER LEASES UPON RECEIPT OR WITHIN 30 DAYS

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



*B & J WELDING SUPPLY, LTD*  
**LUBBOCK, LAMESA, SNYDER, AMARILLO, MIDLAND, POST**  
 PO BOX 3520  
 Lubbock, TX 79452  
 Phone (806) 747-1542 Fax (806) 747-8294

**Credit Card Payment Authorization Form**

Schedule your payments to automatically charge to your credit card. Just complete and sign this form to get started. **Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time, eliminating late charges

**Here's How Recurring Payments Work:**

You authorize charges to your Visa, MasterCard, American Express or Discover Card. You will be charged the amount of outstanding invoices on the Last Business Day of the Month. A receipt will be emailed to you and your payment will be reflected on your statement. You agree that no prior notification will be provided; unless the date changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**\*\*By filling out the Credit Card Authorization Form, you elect to go paperless with all documentation and will need to supply a valid email address.**

**Please complete the information below:**

I (Print Name/Title) \_\_\_\_\_ Individually or on behalf of \_\_\_\_\_  
 authorize B & J Welding Supply, LTD to charge my credit card on file on the last business day of the month for the balance on the account.

Customer #: \_\_\_\_\_ Customer Name: \_\_\_\_\_ (Billing) Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Circle Account Type:    VISA                      MasterCard                      AMEX                      Discover

Cardholder's Name: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

If you have any questions, you can call the Lubbock Branch at 806-747-1542.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that payments will be executed on the last business day of the month. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Please return the Credit Card Authorization Form by either email, fax or mail.

Email: [accountsreceivable@bjweldingsupply.com](mailto:accountsreceivable@bjweldingsupply.com)  
 Fax: 806-747-8294

Mail: B & J Welding Supply, LTD  
 P.O. Box 3520  
 Lubbock, Texas 79452

**AS A B&J PROPANE CUSTOMER I PREFER TO BE:**

*(PLEASE SELECT ONE)*

**KEEP FULL**

DRIVER KEEPS AN EYE ON MY TANK AND DOES NOT LET ME RUN OUT OF PROPANE.

- CREDIT CARD MUST BE KEPT ON FILE.
- NO SERVICE FEE IF WE HAVE TO COME OUT FOR "OUT OF GAS" SERVICE.

**CALL IN**

I WILL WATCH MY OWN TANK AND CALL IN WHEN I NEED FUEL.

- CREDIT CARD MUST BE KEPT ON FILE.
- AFTER-HOURS SERVICE FEE WILL BE ASSESSED FOR "OUT OF GAS" CALLS.

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**SIGNATURE**

**CUST #** \_\_\_\_\_

**DATE** \_\_\_\_\_

# BEJ WELDING SUPPLY

## PROPANE

### If you smell gas



1. **NO FLAMES OR SPARKS!** Immediately put out all smoking materials and other open flames. Do not operate lights, appliances, telephones, or cell phones. Flames or sparks from these sources can trigger an explosion or a fire.



2. **LEAVE THE AREA IMMEDIATELY!** Get everyone out of the building or area where you suspect gas is leaking.



3. **SHUT OFF THE GAS.** Turn off the main gas supply valve on your propane tank if it is safe to do so. To close the valve, turn it to the right (clockwise).



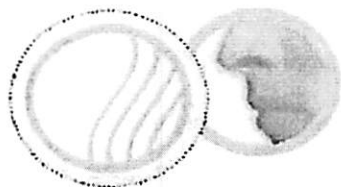
4. **REPORT THE LEAK.** From a neighbor's home or other nearby building away from the gas leak, call your propane retailer right away. If you can't reach your propane retailer, call 911 or your local fire department.



5. **DO NOT RETURN TO THE BUILDING OR AREA** until your propane retailer, emergency responder, or qualified service technician determines that it is safe to do so.



6. **GET YOUR SYSTEM CHECKED.** Before you attempt to use any of your propane appliances, your propane retailer or a qualified service technician must check your entire system to ensure that it is leak-free.



### Take the sniff test

Scratch and sniff the blue circle. The odor is similar to propane odor. Have everyone in your family take the sniff test. Always take action if you smell any kind of foul odor.



### Can you smell it?

Propane smells like rotten eggs, a skunk's spray, or a dead animal. Some people may have difficulty smelling propane due to their age (older people may have a less sensitive sense of smell); a medical condition; or the effects of medication, alcohol, tobacco, or drugs.

**ODOR LOSS.** On rare occasions, propane can lose its odor. Several things can cause this including:

- The presence of air, water, or rust in a propane tank or cylinder
- The passage of leaking propane through the soil



Since there is a possibility of odor loss or problems with your sense of smell, you should respond immediately to even a faint odor of gas.

### Propane gas detectors

Under some circumstances, you may not smell a propane leak. Propane gas detectors sound an alarm if they sense propane in the air. They can provide an additional measure of security. You should consider the purchase of one or more detectors for your home.



#### GUIDELINES regarding propane gas detectors:

- Buy only units that are listed by Underwriters Laboratories (UL).
- Follow the manufacturer's instructions regarding installation and maintenance.
- Never ignore the smell of propane, even if no detector is sounding an alarm.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**B & J WELDING SUPPLY LTD**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts established outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**1612 EAST 60TH ST.**

6 City, state, and ZIP code  
**LUBBOCK, TX 79404**

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Notes: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
7	6	-	2	6	2	8	7	1

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part I, later.

Sign Here    Signature of U.S. person ▶     Date ▶ \_\_\_\_\_

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099-I (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.