



12707 44TH ST. N.
Clearwater, Florida 33762
(727)572-9197
(727)572-9352

New Business Credit Application

Company Name: _____

Billing Address: _____

Phone No: _____

Shipping Address: _____

How Many Years in Business? _____ **Business Type:** Corporation___ Partnership___ Other___

Accounts Payable Contact: _____ **AP Email:** _____

Phone No: _____ Fax No: _____

Bank Information: Name: _____

Address: _____

(Include area code) Phone No: _____ Fax No: _____

Account No: _____ Officer Name: _____

Credit References: Name: _____

Address: _____

(include area code) Phone No: _____ Fax No: _____

Name: _____

Address: _____

(include area code) Phone No: _____ Fax No: _____

Name: _____

Address: _____

(include area code) Phone No: _____ Fax No: _____

Estimated Volume Monthly: \$ _____ Credit Limit Requested: _____

Please provide copy of your signed resale or exemption certificate with application. (Not sales permit).

By signing below, you are authorizing MagneGas Corp to obtain credit information about your company for use in opening a credit account. This also acknowledges your understanding that our credit terms are net 30 days from date of invoice and is your agreement to pay within those credit terms.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

***For credit terms, these areas must be completed.**

PLEASE FAX COMPLETED FORMS TO 727-572-9352 OR EMAIL TO ERINHOOD@MAGNEGAS.COM