



IVEY INDUSTRIES, INC.
 383 ROCUS STREET
 SPRINGFIELD, MA 01104 -3236

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 FAX: 413-731-1492
 EMAIL: info@iveyind.com

ACCOUNT APPLICATION

CUST ID: _____

(PLEASE PRINT)

ACCOUNT NAME: _____ SS#/FED ID# _____

SHIP TO ADDRESS: _____

STREET (NO PO BOX) CITY STATE ZIP

BILLING ADDRESS: _____

(IF DIFFERENT) STREET OR PO BOX CITY STATE ZIP

PH: (____) _____ FAX: (____) _____ TAX EXEMPT? YES _____ NO _____
 IF YES, COMPLETED TAX EXEMPT FORM
 A/P CONTACT: _____ REQUIRED

PH: (____) _____ FAX: (____) _____ A/P EMAIL: _____

RECEIVE INVOICES BY: EMAIL: _____ FAX: _____ MAIL: _____
 OFFICE USE ONLY:
 CHARGE ACCT _____ COD _____

AGREEMENT

THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND CORRECT. IVEY INDUSTRIES, INC. MAY OBTAIN A CONSUMER CREDIT REPORT ON ME/THE COMPANY AND IF THIS APPLICATION IS APPROVED, IVEY INDUSTRIES, INC. MAY AT ANY TIME IN THE FUTURE OBTAIN ADDITIONAL CONSUMER CREDIT REPORTS TO REVIEW THIS ACCOUNT. I HAVE THE RIGHT TO ASK FOR THE NAME AND ADDRESS OF THE COMSUMER REPORTING AGENCY WHICH GAVE THE CONSUMER REPORT
 CUSTOMER AGREES THAT IN THE EVENT ANY BILL IS NOT FULLY PAID WHEN DUE, THE CUSTOMER WILL BE RESPONSIBLE FOR NOT ONLY THE PRINCIPLE AND INTEREST DUE, BUT ALSO AGREES TO PAY ALL COSTS, FEES, AND EXPENSES INCURRED BY IVEY INDUSTRIES, INC. FROM THE RELATED COLLECTION COSTS. IVEY INDUSTRIES, INC. RESERVES THE RIGHT TO CHARGE A PENALTY RATE OF INTEREST, NOT TO EXCEED THE MAXIMUM PERCENTAGE ALLOWED UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, IF ANY INVOICE REMAINS UNPAID FOR MORE THAN THIRTY (30) DAYS BEYOND ITS DUE DATE.

**** IF YOU DO NOT QUALIFY FOR CREDIT, A CYLINDER DEPOSIT WILL BE REQUIRED FOR EACH CYLINDER AT IVEY INDUSTRIES, INC. STANDARD PRICING ****

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT: _____ TITLE: _____

PERSONAL GUARANTEE

IN CONSIDERATION FOR CREDIT EXTENDED, THE UNDERSIGNED CONTRACTS AND GUARANTEES TO THE FAITHFUL PAYMENT, WHEN DUE, OF ALL ACCOUNTS OF THE COMPANY SEEKING CREDIT FOR FIVE(5) YEARS FROM THE DATE OF THIS APPLICATION. THE UNDERSIGNED GUARANTOR EXPRESSLY WAIVES ALL NOTICE OF ACCEPTANCE OF THIS GUARANTEE, NOTICE OF EXTENSION OF CREDIT, PRESENTMENT OF DEMAND FOR PAYMENT AND ANY NOTICE OF DEFAULT BY THE COMPANY SEEKING CREDIT AND ALL OTHER NOTICES THE GUARANTOR MIGHT BE ENTITLED TO. REVOCATION OF THE GUARANTEE SHALL BE IN WRITING AND DELIVERED BY CERTIFIED MAIL.

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT: _____ TITLE: _____

IDENTIFICATION REQUIREMENT

PROVIDE A PHOTO COPY OF YOUR VALID STATE ISSUED DRIVER'S LICENSE
FAILURE TO COMPLETE THIS APPLICATION IN FULL MAY RESULT IN PROCESSING DELAYS