

Credit Application

To: **Shaw Oxygen Company, Inc.**

2914 Desiard St.
Monroe, LA 71201

318-387-4115 (voice)

318-361-0568 (fax)

shawoxygen@comcast.net

If approved, Customer No. _____

Date _____

Phone _____

Individual or Company Name _____ Cell _____

Address _____ Email _____

Address _____ City _____ St _____ Zip _____

If Company, Type of Ownership _____ Corporation _____ Partnership _____ Individual

If Company, Principal Owners _____

Place of Employment _____

Employer's Phone _____

Application for credit is hereby made and the following references given. It is understood that this information will be held in the strictest confidence and used only by your credit department.

Banks (Checking Account)	Banks (Savings Account)
Name _____	Name _____
Address _____	Address _____
City, St _____	City, St _____
Name _____	Name _____
Address _____	Address _____
City, St _____	City, St _____

Business references where credit is now extended	
Name _____	Name _____
Address _____	Address _____
City, St _____	City, St _____
Name _____	Name _____
Address _____	Address _____
City, St _____	City, St _____

We understand your terms and agree to abide by them.

In making this application for credit, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigative consumer report.

Approved _____ **Denied** _____

Signed _____ Title _____ Date _____