Customer Form

Date: _____ iGas Sales Rep: _____

Company Name: _____

Company Physical Address: _____

City: _____ State: _____ Zip Code: _____

Company Billing Address: _____

City: _____State: _____ Zip Code:_____

A/P Contact: _____ A/P: Phone Number: (____)_____-_____

A/P Email: _____

Invoices to be mailed or emailed to: _____

Buying Group Affiliation or Subsidiary of: _____

Responsible Payment Party: _____

Will you be using EDI? ☐ Y | N ☐

Do you have a valid Resale Certificate? ☐ Y | N ☐

If yes, is the resale certificate attached? ☐ Y | N ☐

If "NO" Please sign below to acknowledge that you will be responsible for paying your own sales tax for any purchases you make from iGas USA:

Signature: _____ Date: _____

Please estimate what your monthly credit to be. ***REQUIRED***$_____

How many years have you been in business? _____

How many branches or location does the company have? _____

How many employees does the company have? _____

What was last year's total revenue? _____

Signature: _____ Date: _____

By signing above, I agree that all sales are subject to iGas USA, Inc. Terms & Conditions. (https://www.igasusa.com/terms-and-conditions-of-purchase)