Superior Products, Inc.
Redefining Gas Management Systems
3786 Ridge Rd - Cleveland OH 44144 216-651-9400 / (fax) 216-651-4071

CUSTOMER CREDIT APPLICATION

Net 30____ Credit Card____ COD____ Wire Transfer____

Company Name: _____

_____ _____ _____
Phone Fax Email

Shipping Address: _____

City: _____ State: _____ Zip: _____

Purchasing Contact: _____ A/P Contact: _____

_____ _____ _____
A/P Phone A/P Fax A/P Email

Billing Address: _____

City: _____ State: _____ Zip: _____

***Federal ID #:** _____

Tax Exempt # (CA & OH only): Please fax us your Resale Certificate or Tax Blanket Exemption Certificate.

Principals (owner): _____ Year Established _____

BUSINESS CATEGORY:

- ❑ **Medical Distributor**
- ❑ **HME / DME/ Pharmacy**
- ❑ **Hospital / Clinic**
- ❑ **Medical OEM**
- ❑ **Industrial Distributor**
- ❑ **Industrial OEM**
- ❑ **Gas Distributor**
- ❑ **Research Facility / University**
- ❑ **Other** _____

Name of Bank _____ Account Number_____

Bank Contact: _____ Bank Phone/Fax #_____

****If applying for Net 30 Terms, please provide three complete trade references with which you currently conduct business, that have confirmed their willingness to provide a reference.****

Reference _____
Account # _____
Phone # _____
Fax # _____

Reference _____
Account # _____
Phone # _____
Fax # _____

Reference _____
Account # _____
Phone # _____
Fax # _____

Reference _____
Account # _____
Phone # _____
Fax # _____

_____

Signature **Title** **Date**

****Please return application via fax to our Credit Dept. : (216) 651-4071****