



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Address:			
City:	State:	ZIP Code:	
Ship to address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Bank name:			
Bank address:		Phone:	
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
All invoices are to be paid 30 days from the date of the invoice.			
Claims arising from invoices must be made within seven working days.			
By submitting this application, you authorize STEVENS OIL & GAS, LLC to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURE			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">x _____</div> <p>Title:</p> <p>Date:</p>			