**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

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| --- |
| 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 |
| x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:Date: |