US Energy Capital - Confidential Credit Application

COMPANY INFORMATION	Minimum Time in Business – 2 Years	
Legal Business Name		DBA
		Web site
		County
		Federal Tax ID#
		County
		(If other please explain on separate page)
Owned Location How Long (yrs/mos)	/Type of Business	Year Started
Type of Ownership (check one): Corpora	tion Sole Proprietorship	Partnership Year Incorporated
TRADE/TERM DEBT REFERENCES	1	
Creditor Name	Contact	Account Number
1		
)	Fax: ()
2		
Phone: ()	Fax: ()
BANK AND INSURANCE INFORMATION		
Bank Name	<u>Contact</u>	Account Number
Dhonor (Form (
Insurance Company	Fax: ()	
	Agent	r none. ()
FINANCING INFORMATION		
Equipment being purchased (attach quote	e or proposal if available)	
Total Estimated Cost \$		Term of Loan/Leasemonths
Equipment needed for (check one): Repla	cement Expansion	Upgrade New Location
Vendor	Sales Rep	Phone: ()
Address	City	_ ST ZIP Fax:
THIS APPLICATION DOES NOT OBLIGATE LESSOR TO ENTER INTO THE LOAN.		
The undersigned represents that all information	n provided with this Application is to	rue and correct and hereby authorize US Energy Capital to
		arding this Application. By signing below, the undersigned
		gy Capital, its designee, assigns or potential assigns, to dering this Application and for the purpose of update,
		ecounts. I authorize all deposit, borrowing, financial and
trade information to be released to US Energy	Capital by telephone or fax. A photo	ocopy or fax of this authorization shall be valid as the
original. To help fight terrorism and money la	undering, the information you provid	le will be verified to allow us to identify you.
Authorization: All Principals, O	wners & Partners	
_ <i>′</i>		rades, and credit references to gather any and all
information that they may require for the		
Name	Title	SS #
		Ownership% Phone
Home Address	City	STZIP
Name	Title	SS #
Signature	Date//O	wnership% Phone
Home Address	City	STZIP