



# BOBWHITE ENERGY SERVICES

AND ITS SUBSIDIARIES  
BOBWHITE ENERGY SERVICES, LLC AND  
BOBWHITE RENTALS, LLC

P.O. Box 8  
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Office (361) 578-8540  
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www.bobwhiteenergy.com

## Customer Credit Application

Customer Name:			
Phone:	Fax:	E-mail:	
Address:			
City:	County:	State:	ZIP Code:
Country:	Accounts Payable Contact:		
CUSTOMER SHIP-TO INFORMATION			
<b>*Note: This is the address that products will actually be shipped to. This address will determine the rate of sales tax you will be charged. An extra sheet has been provided for multiple Ship-To Addresses. Please provide county and zip code for locations without an actual address.</b>			
Customer Name:			
Address:			
City:	County:	State:	ZIP Code:
Country:	Customer Service Contact:		Department:
Phone:	Fax:	E-mail:	
TYPE OF CREDIT AGREEMENT REQUESTING			
Credit Worthiness <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Parental Guarantee <input type="checkbox"/> Personal Guarantee <input type="checkbox"/> Credit Card <input type="checkbox"/>			
<b>*Note: If you are NOT selecting Credit Worthiness, please contact Bobwhite Energy Resources, L.P. for additional documentation.</b>			
Credit Limit Requesting (on a monthly basis). <b>PLEASE CHECK ONE:</b>			
\$0-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$10,000-\$20,000 <input type="checkbox"/> \$20,000-\$50,000 <input type="checkbox"/> \$50,000+ <input type="checkbox"/>			
Primary Business Address:			
City:	State:	ZIP Code:	Country:
Date Business Commenced:		<b>Federal Tax ID# or SSN# (This must be provided):</b>	
<b>DUNS#</b>	<b>EQUIFAX</b>	<b>EXPERIAN</b>	
Sole Proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
Name of Subsidiaries or Parent Company:			
Have You Ever Purchased from Bobwhite Energy Resources, L.P. or its Subsidiaries Before?			
If Yes, What Location?			
Names of Owners or Principals			
Name	Title		
1.			
2.			
3.			
BUSINESS REFERENCES			
Your Bank Name:	Location:	Phone:	
Account Number:	Bank Officer Name:		
Do You Have Loans?			

Creditor	Account Number	Current Balance
1.		
2.		

**TRADE REFERENCES (Minimum of 3)**

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:		

**CUSTOMER SHIP-TO INFORMATION #2**

**\*Note: This is the address that products will actually be shipped to. This address will determine the rate of sales tax you will be charged. An extra sheet has been provided for multiple Ship-To addresses.**

Customer Name:			
Address:			
City:	County:	State:	ZIP Code:
Country:	Customer Service Contact:		
Phone:	Fax:	E-mail:	

**TAX EXEMPTION STATUS**

Are you exempt from Sales Tax? Yes  No

If you checked yes, you must provide an exemption certificate for each state you are claiming tax exemption. Sale tax will be charged until the proper documentation is provided. Information and instructions have been enclosed with this application.

**AGREEMENT**

I/We herein make application to Bobwhite Energy Resources, L.P. or one of its Subsidiaries for credit. I am (we are) authorized in my (our) capacity to bind firm accordingly. If credit is granted I (we) promise to pay all bills according to the terms Net Due 30 Days. In the event payment is not made and this account is referred for collection, I (we) will pay the cost of collection equal to a minimum amount of twenty-two (22%) percent of the principal amount and interest on any unpaid balance charged at the highest rate allowed by law, currently 1.5% per month. Applicant agrees to pay reasonable attorney fees if suit or action becomes necessary, accordingly applicant agrees that venue will be in Victoria County, Texas. Applicants give their permission to Bobwhite Energy Resources, L.P. to verify and/or supplement the information stated herein. Applicant agrees to notify Bobwhite Energy Resources, L.P. of any changes of business ownership by certified mail and to be responsible for the payment of bills for all products/services provided.

**SIGNATURE (MUST BE AN OFFICER OF THE COMPANY)**

Signature:
Title
Date:

**CREDIT DEPARTMENT USE ONLY**

Approved <input type="checkbox"/>	Declined <input type="checkbox"/>	Credit Limit \$ _____	R/C _____
Name _____	Signature _____	Date _____	

