

CREDIT SERVICE REQUESTED BY (SALES REPRESENTATIVE)		COMPANY Guttman Energy, Inc.		DIVISION / BRANCH LOCATION		
FIRM ADDRESSES	FULL NAME OF FIRM	TELEPHONE NO.		FAX NO.		
	MAILING ADDRESS (STREET OR BOX)	CITY	STATE	ZIP		
	SHIPPING ADDRESS (STREET)	CITY	STATE	ZIP		
	HOME OFFICE ADDRESS	CITY	STATE	ZIP		
MARK APPROPRIATE LINE AND PROVIDE INFORMATION REQUESTED IN AREA TO RIGHT OF BOX CHECKED						
LEGAL STRUCTURE	<input type="checkbox"/> Corporation	<input type="checkbox"/> SINGLE ENTITY — NOT A SUBSIDIARY	<input type="checkbox"/> SUBSIDIARY OF PARENT COMPANY	NAME OF PARENT COMPANY		
		PARENT CO'S HOME OFFICE ADDRESS		CITY	STATE	
	<input type="checkbox"/> Division	NAME OF PARENT COMPANY				
		PARENT CO'S HOME OFFICE ADDRESS		CITY	STATE	
	<input type="checkbox"/> Proprietorship	NAME OF PROPRIETOR			SOC. SEC. NO.	
	<input type="checkbox"/> Partnership	NAMES OF PARTNERS			SOC. SEC. NO.	
FEDERAL TAX ID NUMBER:						
FIN. STATEMENTS	Please attach a copy of your most recent financial statements (i.e. income statement, cash flow & balance sheet). If your most recent statement is over 7 months old, please provide an interim statement as a supplement.					
BANK	BANK NAME	CITY	STATE			
	NAME OF BANK OFFICER TO CONTACT	ACCOUNT NO. (Required)	TELEPHONE NO.			
CREDIT REFERENCES	NAMES (PRESENT SUPPLIERS)	ADDRESSES		TELEPHONE:	FAX:	E-MAIL:
		CITY	STATE			
CUSTOMER SIGNATURE	I have made the above statements for the purpose of obtaining credit. I certify they are true and authorize you to make a credit investigation.					
	Authorized Signature	Title	Date			

Credit terms approved and agreed upon in writing with seller's marketing department apply, subject to credit limits assigned. To the extent that purchases remain unpaid beyond agreed terms (net 10 days from shipment), seller will assess late payment charges or interest, whichever is applicable, at the maximum rate allowable under state law. Buyer agrees to reimburse seller for all collection expenses including reasonable attorney's fees, incurred in connection with the collection of delinquency accounts.

To the best of my ability, the information provided is correct. I also acknowledge receipt of the General Terms & Conditions from Guttman Energy, Inc. enclosed with this application packet (if applicable). I give authorization to release all bank / credit information to Guttman Energy, Inc. for the purpose of extending credit to purchase energy products.

ACH / Electronic Funds Transfer Agreement

I hereby authorize Guttman Energy, Inc. to initiate credits or debits (and/or corrections to the previous credits or debits) to the institution indicated below. The institution is authorized to credit/debit and/or correct the amounts to my account.

Please attach a voided check for ACH draft processing

Financial Institution (Bank, Savings & Loan, Credit Union):

Name: _____

Address: _____

Type of Account – Circle One

1) Checking

2) Savings

3) Other _____

Bank Routing (ABA) Number: _____

Bank Account Number: _____

Federal Tax ID#: _____

Company Name: _____

Street Address: _____

City: _____

State & Zip Code: _____

Please indicate how you would like to receive draft notifications:

E-mail Address: _____

Fax: _____

Both: _____

Authorized Customer Signature:

Name: _____

Signature: _____

This authority shall remain in effect until terminated upon ten (10) days written notice to the financial institution by either Customer or Guttman Energy, Inc. Notice of termination shall in no way affect entries initiated prior to actual receipt of notice. Electronic Funds Transfer bank returns for insufficient funds or for any other reason will result in a \$75.00 fee per occurrence.

All credit terms and other terms and conditions of trade otherwise established between Customer and Guttman Energy, Inc. remain in effect and are not in any way modified by this agreement.