

Pooling Application No: _____

Date: _____

Credit Information

Instructions	<p>Complete the following information, attach your most recent copies of the following items (as applicable), and return to the above address as soon as possible:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Annual Report Form 10K</td> <td style="text-align: center;">Quarterly Report Form 10Q</td> </tr> </table> <p>Audited financial statements are preferred. If audited financial statements are not available, unaudited financial statements may be submitted provided they are signed and certified by an officer of the company as accurate and complete.</p>	Annual Report Form 10K	Quarterly Report Form 10Q													
Annual Report Form 10K	Quarterly Report Form 10Q															
Company Information	<p>Name: _____</p> <p>Attention: _____</p> <p>Address: _____ _____</p> <p>Accounts Payable Contact/Phone: _____</p> <p>Marketing Contact/Phone: _____</p>															
Classification	<p> <input type="checkbox"/> Corporation – Public <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> Corporation – Private <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental </p> <p>Fiscal Year End: _____ D&B No: _____</p> <p>Standard and Poor's Rating: _____ Moody's Rating: _____ Commercial Paper: _____</p>															
Officers and Controlling Shareholders	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Name</th> <th style="width: 33%; text-align: center;">Title</th> <th style="width: 33%; text-align: center;">Ownership%</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Title	Ownership%	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

Parent Company	<input type="checkbox"/> Not Applicable
	Name: _____ D&B No: _____
	Address: _____ _____ _____
	Will Parent Guarantee Payment and/or Performance? <input type="checkbox"/> Yes <input type="checkbox"/> No

CREDIT INFORMATION (CONTINUED)

Trade References (Please include your current gas supplier as a reference)	Company / Contact	City and State / Phone
	1. _____ _____	_____
	2. _____ _____	_____
	3. _____ _____	_____

Bank References	Name: _____
	Address: _____ _____ _____
	Contact : _____
	Phone: _____ Fax: _____

Verification	The Applicant, in affixing his or her signature hereto, certifies that he or she has authority to complete this Application and apply for credit on behalf of the company listed and that he or she verifies that the information supplied herein is accurate and complete to the best of his or her knowledge and belief. Applicant hereby (i) authorizes its financial institutions and trade partners to release its credit information, (ii) authorizes Equitable to check credit information in connection with this Application, including, without limitation, ordering credit reports, (iii) authorizes Equitable to recover all costs associated with the collection of debts from Applicant including, without limitation, attorney's fees and collection agency fees and (iv) authorizes Equitable to share credit information with its subsidiaries and affiliates (to the extent not otherwise restricted by applicable laws and regulations).
	Signature: _____
	Printed or Typed Name: _____
	Title: _____