

Equitable Gas
225 North Shore Drive
Pittsburgh, PA 15212-5861

Pooling Application No. _____
Date _____

Attention: Matt Morris, Credit Review
Phone: 412-395-3915 Fax: 412-395-3566

CREDIT INFORMATION

INSTRUCTIONS 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:

- Annual Report
- Form 10K
- Quarterly Report
- Form 10Q

In each case, audited financials are preferred. If they are not available, financial statements submitted must be signed by an officer of the company. If financial statements are not available, please explain their absence.

COMPANY INFORMATION

NAME: _____

ATTN: _____

ADDRESS: _____

ACCOUNTS PAYABLE CONTACT/PHONE: _____

MARKETING CONTACT/PHONE: _____

CLASSIFICATION

___ Corporation – Public ___ Sole Proprietor ___ S-Corporation

___ Corporation – Private ___ Nonprofit ___ Partnership

___ Governmental

OFFICERS AND CONTROLLING SHAREHOLDERS

(Complete only if Nonpublic Company)

NAME TITLE OWNERSHIP %

PARENT COMPANY

NAME: _____ D&B No. _____

Address: _____

Will Parent Guarantee Payment and/or Performance ____ YES ____ NO

TRADE REFERENCES

COMPANY / CONTACT

CITY, STATE, PHONE

1. _____

2. _____

3. _____

BANK REFERENCES

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____ FAX: _____

INTERNAL USE ONLY

MARKETING INFORMAITON

Marketing Rep. _____

User Type: _____

Service Date: _____

Estimated Monthly Billing _____

Terms : _____

Method of Payment: _____ACH _____Wire Transfer

Method of Billing: _____Fax _____Special

COMMENTS:

Matt Morris
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