

UNION GAS LIMITED

A Subsidiary of the Bermuda Industrial Union

CREDIT APPLICATION

IMPORTANT: Please complete every section of this form. If any section is not applicable, insert N/A

APPLICANT INFORMATION

Company Name:

Phone:

Fax:

Email:

Current address:

City:

State:

ZIP Code:

Type of Business

Partnership:

Limited Liability

Type of Business:

OWNER INFORMATION

Name:

Date of birth:

Phone:

Email:

Current address:

Parish:

ZIP Code:

CREDIT REFERENCES

Name

Parish

Phone

Acct number

PERSONS AUTHORIZED TO CHARGE

Full Name (attach additional list if required)

Signature

PURCHASE ORDER ONLY?

YES: NO:

CREDIT LIMIT REQUIRED \$

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CREDIT POLICIES TERMS AND CONDITIONS:

I/We _____

UNDERSTAND AND AGREE that I will be responsible for payment of any/all fees due for goods provided and services rendered by Union Gas Limited.

I/We UNDERSTAND AND AGREE that any/all fees outstanding balances are payable within 30 days for any goods provided and services rendered. Failure to pay within 30 days will result in 7% interest being applied to any outstanding balance, and will continue to accrue until the account has been paid in full.

I/We UNDERSTAND AND AGREE that if this account is not paid in full 30 days after the billing date, this account may/will be placed with the Bermuda Debt Collection Agency Limited, and I will be responsible for payment of Collection Fees (33 1/3%), Court Fees, Legal Costs, Returned Cheque Charges, Interest Private Service Charge (\$50.00), Monthly Late Payment Fee (\$10.00) and any other expenses incurred by Union Gas Limited in the collection of any fees/outstanding balances.

I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO THE TERMS AS OUTLINED ABOVE:

Signature of applicant

Date

AUTHORIZED BY:

Date