

## Cypress Energy Partners – Mountrail SWD, LLC Cypress Energy Partners – Orla SWD, LLC

Cypress Energy Partners – Williams SWD, LLC Cypress Energy Partners – Pecos SWD, LLC

Cypress Energy Partners, LLC - PO Box 13238 Grand Forks, ND 58208

701-738-2000 x312 Fax: 701-738-2001

## **Customer Credit Application** Legal Name of Business/Applicant: Billing Address: City: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_ Email contact: \_\_\_\_\_ Accounts Payable Contact:\_\_\_\_\_ Federal ID#:\_\_\_\_\_ In Business since: Principal Business Activity:\_\_\_\_ Has applicant ever declared bankruptcy? Yes ☐ No ☐ Does applicant have pending lawsuits? Yes \( \square\) No \( \square\) **Bank References** Bank Name:\_\_\_\_\_ Bank Address: \_\_\_\_\_ Bank Contact: \_\_\_\_\_ Phone: \_\_\_\_ Fax: \_\_\_ **Trade References** 1. Company Name: Contact: City: Phone: Fax: 2. Company Name: Contact: City: State: Phone: Fax: Billing: We prefer to send our invoices electronically. Please provide an active email address we can send to, along with a contact name within your A/P Dept. who would handle our invoices. Billing Email Address:\_\_\_\_\_ Phone: Email Contact Name: Everything stated in this application is correct to the best of my knowledge. Cypress Energy Partners, LLC is authorized to check company credit history now and in the future. This application is signed by an officer, partner, or authorized representative of this firm to open an account. The signature implies agreement with the credit policy of Cypress Energy Partners, LLC, including the payment of any finance fees that may accrue due to late payments. Authorized Representative Signature:\_\_\_\_\_\_ Date:\_\_\_\_\_

Printed Name:\_\_\_\_\_\_ Position:\_\_\_\_\_

## **Individual Personal Guaranty**

	Dated:	20
1.	, residing at	
(Individual's Name)		
(Individual's personal address, city, sta		<i>_</i>
For and in consideration of <b>Cypress Energy P</b>	_	
(Name of Credit Applicant Company)		. , ,
of which and in reliance on any guaranty of s	(Individua	al's Name)
hereby personally guarantee to you the payn agree to bind myself to pay you on demand a		
Partners, LLC by the Company whenever the	•	
understood that this guaranty shall be a cont	inuing and irrevocable guarar	nty, and
indemnity for such indebtedness of the Comp	•	
nonpayment and notice thereof and consent agreement hereby guaranteed.  I authorize you to investigate all matt	,	
provide my social security number for such p		
The Officer(s) of the Company must sign beloonly, no corporate titles.	w as individuals – signatures	
Signato	ıre	
Print In	dividual's Name	
	Dated .	
Witness Signature		
Print Witness Name		
Dated		

**Delivery/Receipt** – any signed document transmitted by facsimile machine (fax) shall be treated in all manner and respects, as an original document and the signature of any Party upon a document transmitted by fax shall be considered an original signature

