MUNDS ENERGY

NEW CUSTOMER & CREDIT APPLICATION

Please type or print correctly and completely the information requested below. Use a separate sheet for additional information, if necessary.

Company Name (Full Legal Name):_____

Trade Name (DBA):_____

Company Address:_____

Company Phone Number: _____

Billing Address – P.O. Box (If different from above):_____

City:_____ State: _____ Zip:_____

Financial Contact Name:_____

Position:_____

Phone Number: (___) _____ - _____

Fax Number: (____) _____ - _____

Email Address: _____

E-mail where invoices are to be sent to:_____

_____

Preferred payment method: Check_____, ACH _____,

ACH Draft (Munds to initiate) _____

Type of Business: ❑ Corporation ❑ Sub Chapter S Corporation ❑ Partnership ❑ Sole Proprietor ❑ Limited Liability Partnership/Corp.

How Long in Business: _____

Federal Tax ID Number (If Corporation, Partnership, or LLC) _____

COMPANY OWNERSHIP INFORMATION

Name:_____

Address:_____

City:_____ State: _____ Zip: _____

SS#: _____-_____-_____ Date of Birth: ____/____/_____

% Ownership: _____ Phone Number: (_____) _____ -_____

Email Address: _____

Name:_____

Address:_____

City:_____ State: _____ Zip: _____

SS#: _____-_____-_____ Date of Birth: ____/____/_____

% Ownership: _____ Phone Number: (_____) _____ -_____

Email Address: _____

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE.

AUTHORIZATION

The information provided to Munds Energy on this application by the applicant(s) and any other information provided to Munds Energy including any financial statements is warranted to be accurate, complete and true, and shall be the property of Munds Energy.

SIGNATURE	POSITION/TITLE	DATE
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Upon completion, please return to: bgarfinkel@mundsenergy.com or call (316) 665-2727 for any questions