



DATE: _____

APPLICATION FOR CREDIT

**TO: Eastern Energy Services Inc.
Attention: Credit Department
P.O. Box 292
Laurel, Mississippi 39441
Phone Number: (601) 649-1454
Fax Number: (601) 428-3852**

Information contained hereon will be held in confidence

The following entity hereby applies to Eastern Energy Services, Inc. ("Eastern") to establish an account and extend credit to applicant:

Name: _____

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Phone#() Fax#()

E-mail Address _____

Has credit been established previously with Eastern Energy Services, Inc?
If so: Date _____ Tradestyle _____

Principals/Relationship _____

Officers (name/title) _____

Other _____

Type of Business: U. S. Corp. _____ Partnership _____ Joint Venture _____
D/B/A _____ If D/B/A: SS# _____

Other (specify) _____

If incorporated please complete the following:

State where incorporated _____ Date _____

Paid in capital (if other than cash – specify): US\$ _____

FEIN Number (Tax) _____

Related companies (attach a separate list if more than one company):

Parent Company: Name _____ **% of Ownership**
Address _____ **Phone#** _____

Inter-Company relations: _____

REFERENCES: (Complete Addresses and Fax Numbers will expedite the Credit Investigation)

Primary Bank _____

Mailing Address _____

Phone# () _____ **Fax# ()** _____

Account Officer _____

Checking Account# _____ **Loans** _____ **Other** _____

****SIGNATURE** _____

Authorization for your bank to release information

Trade reference _____

Contact: _____

Mailing Address _____

Phone# () _____ **Fax# ()** _____

Trade reference _____

Contact: _____

Mailing Address _____

Phone# () _____ **Fax# ()** _____

Trade reference _____

Contact: _____

Mailing Address _____

Phone# () _____ **Fax# ()** _____

****Amount of credit requested \$** _____

If tax-exempted (for resale purposes), please provide exemption certification(s)

For applicable state(s).

The following entity hereby applies to Eastern Energy Services, Inc. ("Eastern") to be the Guarantor of the applicant's account:

Name: _____

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Phone#() Fax#()

E-mail Address _____

FINANCIAL INFORMATION:

Please provide copies of your latest annual report and any interim statements if available. While refusal to provide financial information will not automatically disqualify an application for credit, considerable emphasis is placed on its content.

Payment for services and materials provided by Eastern Energy Services, Inc. will be paid from:

_____ By _____
Location of Town Company or Individual

Applicant and the Undersigned representative hereby, and by each order, represent that Applicant is solvent and fully able to pay for any services and materials that will be ordered. If Eastern approves this Application, the parties shall sign Eastern's Account Agreement that will set forth the terms on which Eastern may provide its services and materials.

Applicant: _____

By _____

Title _____

Owner _____ Authorized Agent _____

Officer _____ General Partner _____

Guarantor: _____

By _____

Title _____

Owner _____ Authorized Agent _____

Officer _____ General Partner _____

**PLEASE RETURN COMPLETED AND SIGNED APPLICATION TO
FAX# (601) 428-3852 or administrator@eastern-tools.com**