

ACCOUNT CREDIT APPLICATION

Business Information

Company Name:							
T/A or DBA:							
Billing Address:			City: _		State:	Zip:	•
Phone:	Fax:		Fed	deral Tax ID #:			
Delivery Address:			City:		State:	Zip:	
Yrs in Business:	_ Type of Entity: □ F	Partnership 🗆 Co	rporation	□ Sole Propriet	orship 🗆	Individual	□ Othe
Purchase Orders Required?	?	Nature of Busine	ess:				
Principal Officer's Name: _				Phone	2:		
Accounts Payable Contact:				A/P Phone #:			
Credit Amount Requested:		Cre	dit Terms R	equested:			
Billing Method: Email:				🗆 US Mail 🛭	□ Fax		
Trade References/Fuel Su	pplier(s):						
Company Name/Contact	Address	5		Phone			Fax
1							
2							
3							
Bank Information							
Bank Name:		Account #:		P	hone:		
Address:	City:		State:	Zip:	Contact	t:	
I/We certify that the above additional information throug I/We agree to pay this accoudue invoice amounts, and pay	th contact with the abount in accordance with F	ve references or by Howard Energy, Inc	securing dat . credit term	ta from our bank ans to include payr	and/or a cr ment of all	edit reporti finance cha	ing agency arges, pas
SIGNATURE	PR	INT NAME (For Office Use (Only)	TITLE		/_ DATE	_/
Sales Rep	Credit Limit				Date		
Approved by							



CREDIT TERMS: Account balances are due per terms on invoice. Past due balances can accrue a FINANCE CHARGE of 1 ½% per month (ANNUAL PERCENTAGE RATE OF 18%). Applicant specifically authorizes Howard Energy, Inc., any division thereof, or any credit reporting agency employed by Howard Energy, Inc. or any division thereof, to investigate, at any time, the references herein listed or any other information stated above to determine applicant's qualifications for credit. Any check, Electronic Funds Transfer, Credit Card Payment, or Draft which is refused, returned, or declined by the financial institution upon which the payment is drawn will be assessed a fee. In the event that a returned item remains unpaid and legal relief is sought the account holder may also be liable for additional penalties provided under state law, including, but not limited to, an amount up to two (2) times the amount of the returned item. In the event of default, applicant agrees to pay the cost of collection, including court costs & attorney's fees at the rate of 33% of the total balance due. Acceptance of late or partial payments (even if marked "paid in full") does not waive Howard Energy Inc.'s (or any division thereof) right to collect all monies owed to the company. Further, by signing below, (Co-) Applicant consents to the personal jurisdiction and venue of the State of Maryland certify that all the above information is correct and that I fully understand your credit terms and agree to proper payment in consideration of extended credit.

IN CONSIDERATION OF HOWARD ENERGY INC., ITS AFFILIATES AND/OR SUBSIDIARIES EXTENDING CREDIT, I/WE, JOINTLY AND SEVERALLY, DO **PERSONALLY** AND UNCONDITIONALLY GUARANTEE TO HOWARD ENERGY INC. ITS AFFILIATES AND SUBSIDIARIES. PAYMENT OF ANY INDEBTEDNESS OR BALANCE OF INDEBTEDNESS OF THE WITHIN NAMED FIRM, ITS AFFILIATES AND SUBSIDIARIES WHICH BENEFIT FROM THE **EXTENSION** OF **CREDIT** SO OFFERED **HEREIN** AND/OR RECEIVED.

Signatures in accordance with Principal Owner(s) or Authorized Person(s); By signing my name in the fields below I agree and understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed or prepared in electronic form. That if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

Signatures in accordance with Principal Owner(s) or Authorized Person(s):

*If the prospective purchaser is a corporation, a duly authorized agent with authority to make this application must sign, if a partnership, one partner must sign, if an incorporated association, a member must sign, if a sole proprietor, the proprietor must sign.

Principal Owner(s) or Authorized Person(s): *A copy of valid Photo ID(s) must be provided for any signature below. *

Signature:	Signature 2:
Name:	Name:
Principal Owner(s) or Authorized F	Person(s): PERSONAL INFORMATION
Name:	Phone:
Address:	SSN:
	DOB:
Email:	License/ID #: