

FIRM NAME:

Ace Energy, Inc. PO Box 8624 Greenville, SC 29604 Ph (864)233-5421 Fax (864)255-5650

## **CREDIT INFORMATION**

## WE WISH TO OPEN AN ACCOUNT WITH ACE ENERGY AND SUBMIT THE FOLLOWING INFORMATION TO ENABLE YOU TO OBTAIN A CREDIT HISTORY FOR THAT PURPOSE

## INFORMATION WILL NOT BE USED OTHER THAN BY ACE ENERGY TO ESTABLISH A LINE OF CREDIT

ADDRESS:						
CITY:		STATE:	ZIP:	YEARS IN BUSINES	S:	
CREDIT LIMIT REQUESTED: \$		CREDIT	CREDIT LIMIT APPROVED: \$			
TYPE OF BUSINESS: (check one)						
· · · · · ·	RTNERSHIP	SOLE P		RSHIP LLC		
		000000				
INCIPALS: (full name) POSITION:		SOCIAL SECURITY #:		#:		
	POSITION:	SITION:		SOCIAL SECURITY	SOCIAL SECURITY #:	
ACCOUNTS PAYABLE CONTACT:				ACCOUNTS PAYABI	ACCOUNTS PAYABLE PHONE #	
ACCOUNTS PAYABLE EMAIL ADDRES			ACCOUNTS PAYABL	ACCOUNTS PAYABLE FAX #		
				·		
FIRM FEDERAL ID # OR SOCIAL SEC	DUNS #					
HAVE YOU EVER FILED BANKRUPTC	Y? YES	NO				
CREDIT REFERENCE		ADDRESS		PHONE/FAX/EMAIL		
COMPANY NAME:				PHONE:		
ACCOUNT #					FAX:	
BUSINESS RELATIONSHIP FOR	YEARS	CONTACT:			EMAIL:	
CREDIT REFERENCE			ADDRESS		PHONE/FAX	
COMPANY NAME:					PHONE:	
BUSINESS RELATIONSHIP FOR	YEARS	CONTACT:			FAX:	
BANKING REFERENCE			ADDRESS		PHONE/FAX	
					PHONE:	
		CONTACT:			FAX:	

## BANK RELEASE AUTHORIZATION SIGNATURE

I hereby authorize the above named bank references to release any information necessary in establishing a line of credit.				
AUTHORIZED BY:	PRINT NAME:			
_TITLE:	DATE SIGNED:			