

Application for Open Account

PLEASE PRINT CLEARLY

Date:

Company Information:			
Company Name:			
Tax Id #:			<u> </u>
Date Business Est.:			<u> </u>
Circle One: Corporation Se	ole Owner	Partnership	
Principal Name and Title:			
Billing Information:			
Billing Address:		City:	
State:		Zip Code:	
Shipping Address:		City:	
State:			
Main Contacts:			
Accounting: Name:		Phone:	
Please forward four (4) trade references	& one (1) ban	k reference including t	ax numbers with this form
Credit Information:	Credit Limit	Requested:	
Are you sales tax exempt? [] Yes	[] No (If yes	, please attach exemption	on certificate)
Do you accept emailed invoices? [] Y	es []No		
If yes, enter receiving email address:			
Has your company ever filed for bankrup	otcy? [] Yes	[] No	
If yes, when?			
Duns #			
After credit accounts a	re granted, the	e following terms of s	ales apply:
All invoices are due and payable within			
2. A 1-1/2% monthly service charge will I	be made on un	paid invoices 30 days of	r older.
3. All invoices are payable as rendered.			
4. All claims for adjustments must be ma	-	. •	
5. A handling charge of at least 15% will			·
6. Goods returned for credit are subject t	-		•
7. If all invoices are not paid within 30 da	•	· ·	
8. SUPERIOR ENERGY RESOURCES,		_	
		s required for all order	
Authorized signature approves relea	se of credit in	formation to Superior	Energy Resources, LLC.
Authorized Signature/Title:Please print above Name/Title:			
Please print above Name/Title:			
The above applicant's signature attests financial responsibility, ability a RESOURCES, LLC. This is a continuing agreement and supersede			

until terminated in writing by certified mail.

SER USE ONLY: New Customer: [] Credit Review: [] Credit Approved: _____Credit Refused: ____Customer Code: ____Limit:_____