



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

FIRM NAME: _____

ADDRESS: _____

CITY: _____	STATE: _____	ZIP: _____	YEARS IN BUSINESS: _____
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CREDIT LIMIT REQUESTED: \$ _____	CREDIT LIMIT APPROVED: \$ _____
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TYPE OF BUSINESS: (check one)

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP LLC

PRINCIPALS: (full name) _____	POSITION: _____	SOCIAL SECURITY #: _____
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PRINCIPALS: (full name) _____	POSITION: _____	SOCIAL SECURITY #: _____
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ACCOUNTS PAYABLE CONTACT: _____	ACCOUNTS PAYABLE PHONE # _____
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ACCOUNTS PAYABLE EMAIL ADDRESS: _____	ACCOUNTS PAYABLE FAX # _____
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FIRM FEDERAL ID # OR SOCIAL SECURITY # _____	DUNS # _____
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HAVE YOU EVER FILED BANKRUPTCY? 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: _____
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TITLE: _____	DATE SIGNED: _____
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