



New Shipper Credit Application

Company Legal Name: _____

Business and Service Summary:

Type of Business: _____

Parent Company Name: _____

Product or Service: _____

Work Location(s): _____

Federal ID#: _____ Credit Limit Requested: _____

Billing Address:

Street: _____

City: _____

State and Zip: _____

Physical Address: *(same as Billing Address?* *)*

Street: _____

City: _____

State and Zip: _____

Principal Officer(s):

Name	Title

Submitted By: _____ **Date:** _____

Send To: EPIC Midstream
18615 Tuscany Stone
San Antonio, Texas 78258
Attn: Kevin Naegeli
Email: Credit@epicmid.com
Office: (210) 728-3037

Please include the following supplemental information:

- A list of trade and bank references, including phone and fax numbers
- Signed W9
- Last fiscal year end financial and operating statements with complete notes
 - If more than six (6) months old, an interim financial statement is required
- Copies of tax exemption certificates that would exempt federal and/or local taxes
 - All taxes will be imposed on products unless certificates are received and in good order

EPIC may require personal financial statements and guarantees from one or more principals or stockholders or other additional security