![C:\Users\bcuellar\Documents\Work Stuff\Energy-Transfer-Logo-[Primary].jpg]()Energy Transfer Operating, L.P.

1300 Main Street

Houston, Texas 77002-6803

**PIPELINE SHIPPER CREDIT APPLICATION**

Date:

Legal Entity Name (“Shipper”): (add DBA name if applicable)

FEIN and State of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Corporate Address:

Corporate Phone Number:

Commercial Contact (Name/Phone/Email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipeline System, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of Entity: (Please check)

|  |  |
| --- | --- |
|  \_\_\_Corporation |  Limited Liability Company |
|  \_\_\_Closely Held Corporation |  Individual |
|  \_\_\_General Partnership |  Trust |
|  \_\_\_Limited Partnership |  Other:  |

Billing Address:

Billing Contact Name/Title: Email: Phone Number:

Number of years in business under current name?

Has customer changed name in last 5 years? Yes No If Yes, furnish previous name and address:

DUNS Number:

Audited Financial Statements (Y/N): If No, Letter of Attestation by Chief Financial Officer?

 *If yes, please include the last fiscal year-end statements with this application If yes please include the letter with this application*

Credit/Financial Contact & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:

Email Address:

**A GUARANTY, AND/OR LETTER OF CREDIT AND/OR PREPAYMENT MAY BE REQUIRED.**

|  |  |  |  |
| --- | --- | --- | --- |
| Does Customer have a parent company? |  Yes |  |  No |
| If so, does parent company provide credit support for Customer? | \_\_\_\_\_\_\_Yes  |  | \_\_\_\_\_\_\_No |

If “yes”, provide the following parent company information.

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Credit Contact:

Phone Number:

 Email Address:

Bank Reference

Name: Address:

Contact:

Phone No.:

Account Type:

Account Number(s):

Attach copies of your audited or certified financial statements (to include, at least, two most recent years on an annual basis and three most recent monthly or quarterly statements.) If credit is approved, payment terms will be indicated in the contract. A default in payment or any other default may result in a suspension of deliveries and/or services to Customer. Energy Transfer Operating, L.P. (“ETO”) reserves the right to require credit support, in the form of letter of credit, prepayment or parent guaranty before extending credit to Customer. Customer will be notified if such credit support is required. Customer’s credit must be approved by or credit support provided to ETO before entering into any commercial transaction with an ETO company. Information provided on this application will be held in strictest confidence and be used by only ETO or its affiliates, in conducting a credit evaluation. By signing this Credit Application, Customer hereby authorizes disclosure of financial information provided by the references listed herein to Company. Once completed and signed, please email Credit Application to dlsplwnewshipper@energytransfer.com Thank you.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Authorized Signatory)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN SUBMITTING THIS APPLICATION, PLEASE INCLUDE A CURRENT SIGNED W-9 FORM *DATED NO EARLIER* *THAN JAN. 1, 2016* AND SECRETARY OF STATE CERTIFICATE ON THE SHIPPER. YOUR CREDIT APPLICATION WILL BE REJECTED IF THE REQUIRED DOCUMENTS ARE NOT SENT IN WITH YOUR APPLICATION.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **System** | **BPD Requested** | **Desired Start Date** | **Origin / Destination** | **Monthly Exposure****(Internal Use Only)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |