



CREDIT APPLICATION

 <p>Pouch 340008 Prudhoe Bay, Alaska 99734 Toll Free: 866-659-2550 Ph: 907-670-5100 Fax: 907-659-2957 brooksrangeonline.com</p>	<p>Credit Application Requested for: <i>(please check one)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td>Brooks Range Supply, Inc.</td> </tr> <tr> <td></td> <td>Colville, Inc.</td> </tr> <tr> <td></td> <td>Both</td> </tr> </table>		Brooks Range Supply, Inc.		Colville, Inc.		Both	 <p>Pouch 340012 Prudhoe Bay, Alaska 99734 Toll Free: 866-659-3198 Phone: 907-659-3198 Fax: 907-659-3190 colvilleinc.com</p>
	Brooks Range Supply, Inc.							
	Colville, Inc.							
	Both							

BUSINESS INFORMATION							
Name:				Accounts Payable Contact:			
Address:				Accounts Payable Phone No:			
City:	State:	Zip:	Accounts Payable Email:				
Phone:	Fax:	Statements via:		Email	Fax	Mail	
Tax Identification No:		Business Type: <i>(please check one)</i>	Corporation	Individual	L.L.C.	Partnership	Proprietorship
Nature of Business:						Years in Operation:	

FINANCIAL INFORMATION		
Bank Name & Address:	Phone No:	Account No:

CREDIT REFERENCES:					
<i>Please provide details of your business credit relationships below</i>					
Credit Reference Name:	Phone No:	Fax No:	City & State:	Zip Code:	Years Known:

Account Terms

All accounts are Net 30 except for bulk fuel that is Net 15. Accounts not paid per terms are subject to finance charges (interest) at the lawful rate set forth in A.S. 45.45.010

All NSF checks are subject to a charge of \$35.00

I/We agree to notify you promptly of any changes in ownership of the business conducted under this account name and agree and promises to pay all actual, reasonable collection costs, attorney's fees and any other costs that are a result of this action.

In submitting this application, I/We authorize Colville, Inc. or Brooks Range Supply to investigate my/our credit record and authorize any institution to release credit information concerning this application and to disclose factual information regarding record of payment.

Signature

Date

Printed Name & Title

Phone No & Extension