

**Young Gas Storage Company, Ltd.**  
**Return this Form and Financial Statements to:**  
**Pipeline Finance - Credit**  
1001 Louisiana Street, Houston, TX 77002  
**Fax: (713) 445-9132**

**CREDIT APPLICATION & REQUIRED INFORMATION**

**Instructions:** Send this completed credit application, your company's most recent Annual audit report (or Form 10-K) and the most recent interim financial statement to the address above. Please note **we cannot process your application** without your financial statements. Should you have questions, contact Ted Chavez (713) 420-3068 or Ralph Lohr at (630) 725-3213.

**Company Information**

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Name of Acct. Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Financial Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Classification**

(check one)

Private-Corporation

Public-Corporation

S-Corporation

General-Partnership

Limited-Partnership

Sole Proprietor

Governmental

Limited Liability Corp.

Nonprofit

Fiscal Year End: \_\_\_\_\_ D&B No: \_\_\_\_\_

**Description of Business Activity:** \_\_\_\_\_

**Officers and Controlling Shareholders**

(Complete only if a Nonpublic Company)

Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent Company**

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

Address: \_\_\_\_\_

D&B No.: \_\_\_\_\_ If necessary, will parent guarantee payment?  Yes  No

**CREDIT INFORMATION (Continued)**

**Trade References**

**Company/Address**

**Phone/Contact Person**

1. Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_
2. Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_
3. Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_
4. Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Bank References**

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

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. We hereby authorize Young Gas Storage Company, Ltd. to obtain or exchange any information that may be required relative to this Application from any source, including Applicant's financial institutions, trade suppliers, and credit information databases. Applicant authorizes each source to provide such information.

2. The undersigned Applicant certifies that the information supplied on this Credit Application ("Application") is accurate and correct as of the date of this Application.

By: \_\_\_\_\_  
Applicant's Signature

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_