



## Credit Application

**Instructions:** Send this completed credit application and your company's most recent interim financial statement to American Midstream's credit department at the address below. **Please note that we cannot process your application without your financial statements.** Should you have questions, please contact: [AmidCredit@americanmidstream.com](mailto:AmidCredit@americanmidstream.com)

Return this Form and Financial Statements to:  
**American Midstream Credit**  
**2103 City West Blvd., Building 4 St.800**  
**Houston, TX 77002**  
 Email: [AmidCredit@americanmidstream.com](mailto:AmidCredit@americanmidstream.com)

### Company Information

Date:	Legal Name:		
Attention:			
Address:			
City:		State:	Zip Code:
<u>Position</u>	<u>Name</u>	<u>Phone</u>	<u>Email</u>
Credit Manager or CFO			
Accounts Payable Contact			
Marketing Contact			

### Classification (Check One)

<input type="checkbox"/> Private Corporation	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> S Corporation
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Government	<input type="checkbox"/> Limited Liability Corp	<input type="checkbox"/> Nonprofit
Fiscal Year End:	D&B No:	

Description of Business Activity:

### Officers & Controlling Shareholders (Complete only if a Non-Public Company)

Name	Title	Ownership %



<b>Parent Company</b>
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<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>D&amp;B No:</b>	<b>If necessary, will parent guarantee payment?</b>	<b>Yes</b>	<b>No</b>

<b>Trade References</b>
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<b>Company:</b>			
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

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<b>Company:</b>			
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

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<b>Company:</b>			
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

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<b>Company:</b>			
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

<b>Bank References</b>
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<b>Company:</b>			
<b>Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

<b>Statements</b>
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|---|
| <p>1. We hereby authorize the transportation service provider specified above 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.</p> |
| <p>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.</p>  |

<b>Signature</b>
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<b>Signature:</b>	<b>Date:</b>
<b>Name:</b>	<b>Title:</b>