

**PIPELINE SHIPPER CREDIT APPLICATION**

Date:

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

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

DUNS Number:

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

Corporate Phone Number:

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

Please specify name of ET pipeline system:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Legal 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:

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

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

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

Phone Number:

Email Address:

|  |  |  |  |
| --- | --- | --- | --- |
| Does Shipper have a parent company? | Yes |  | No |
| If so, does parent company provide credit support for Shipper? | \_\_\_\_\_\_\_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 a copy of your audited or certified financial statements or of your parent company, if applicable, (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 or tariff. A default in payment or any other default may result in a suspension of services to Shipper. Energy Transfer LP (“ET”) reserves the right to require credit support, in the form of letter of credit, prepayment or parent guaranty before extending credit to Shipper. Shipper will be notified if such credit support is required. Shipper’s credit must be approved by ET or Shipper must provide credit support, if required, before entering into any commercial transaction with an ET pipeline. Information provided on this application will be held in strictest confidence and be used by only ET or its affiliates in conducting a credit evaluation. By signing this Credit Application, Shipper hereby authorizes disclosure of financial information provided by the references listed herein to ET. Once completed and signed, please email Credit Application to creditrisk@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 JANUARY 1, 2021*. YOUR CREDIT APPLCIATION WILL BE REJECTED IF THIS APPLICATION AND W-9 FORM ARE NOT COMPLETED AND SIGNED.**

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