CREDIT APPLICATION and AGREEMENT for the year 20\_\_

 (\*) *Required information*

**I. Applicant Information**

|  |  |
| --- | --- |
| Customer’s Legal Business Name |  |
| Address, City, State, ZIP (\*) |  |
| DUNS # (\*) |  |
| Federal Tax ID # (\*) |  |
| Business Type |  |
| Legal Structure |  |
| Number of years in business |  |
| Parent Co. Name *(if applicable)* (\*) |  |
| Significant Affiliate(s) |  |
| Contact Name / Title (Credit) (\*) |  |
| Phone / E-mail (\*) |  |
| Contact Name / Title #2 (Other) |  |
| Phone / E-mail |  |
| Bank Reference Name |  |
| Account No. / Phone |  |
| Trade Reference Name #1 |  |
| Address / Phone |  |
| Trade Reference Name #2 |  |
| Address / Phone |  |

**II. Confirmation (\*)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Applicant to answer questions below* | Yes | No | *If yes, please explain* |
| 1. Does applicant operate under any bankruptcy, insolvency, receivership or debtor-in-possession laws in any country in which the customer does business?
 |  |  |  |
| 1. Is applicant subject to liquidation or debt reduction under local laws?
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Applicant to answer questions below* | Yes | No | *If yes, please explain* |
| 1. Is applicant aware of any change in business conditions that would cause a substantial deterioration in its financial condition, a condition of insolvency or the inability to exist as an ongoing business entity?
 |  |  |  |
| 1. If existing Customer, does Customer currently have a delinquent balance?
 |  |  |  |
| 1. Does applicant have any outstanding significant collection lawsuits or judgments that would seriously impact or impair its ability to remain solvent or continue to do business?
 |  |  |  |

**III. Financial Data (\*)**

|  |
| --- |
| *Applicant to supply the following documents, as applicable:* |
| Latest audited year-end financial statements plus any available quarterly financial statements for the current fiscal year. *If financial data is available on-line, please state the website address:* |  |
| Rating (including private rating) and/or report from credit and bond rating agencies: |  |

**IV. Notification (\*)**

|  |  |
| --- | --- |
| *Applicant to select notification method:* |  |
| 1. Enbridge waives Customer’s obligation to acknowledge Enbridge’s request for any credit information.
 |
| 1. Customer waives Enbridge’s obligation to acknowledge receipt of all credit information submitted by Customer.
 | **Yes**  or **No** |
| 1. Creditworthiness notification will be made by e-mail, fax, or formal writing unless otherwise specified by Customer as follows:
 |  |

Credit Application and supplemental data can be mailed, e-mailed to:

**Enbridge Inc.**

915 N. Eldridge Parkway

Suite 1100

Houston, TX 77079

Attn: Credit Department

USCredit@enbridge.com

The information requested above complies with the credit sections of the General Terms and Conditions of Enbridge affiliates’ tariffs or underlying agreements.

**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorized Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name / Title)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)