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Tubular King Co. Commercial Credit - Customer Information Form

(PLEASE PROVIDE ALL INFORMATION REQUIRED: FAILURE TO PROVIDE ALL INFORMATION MAY LEAD TO DELAYS IN PROCESSING.)

CLIENT INFORMATION:

Complete Legal Business Name:

Address:

City County State/Province Postal Code:

Telephone No: Alternate Telephone No:

Facsimile No: Alternate Facsimile No:

Email:

Jurisdiction (Federal or State or Province) in which organized or Articles of Incorporation filed:

Date Organized:

Is the Corporation in Good Standing? Yes No

Federal Tax ID#: State/Province Tax ID#:

Type of Business (Supply Brochure or Literature):

Trade names and trade styles used:

Prior Names (d/b/a Company or Trade) used within the last five (5) years and the dates when used or changed:

Street Address including County and Country of the following:

A. Executive Corporate Offices:

B. All other Locations where you do business (full addresses):

C. Location of Accounts Receivable Books and Records:

Name and Address of your Accountant:

Contact Name: Email:

Phone: Fax:

Name and Address of your Attorney:

Contact Name: Email:

Phone: Fax:

Name and Address of your Bank:

Contact Name: Email: Phone:

Fax: Account Number:

Does the Business have other accounts and/or Bank? Yes No

If Yes, Please provide the additional Information:

Name and Address of your Bank:

Contact Name:

Email:

Phone:

Fax:

Account Number:

OWNERSHIP AND MANAGEMENT INFORMATION:

List the names, complete addresses, telephone/facsimile and Social Security Numbers of all.
(Attached additional sheets if needed)

STOCKHOLDERS AND THEIR RESPECTIVE HOLDINGS: (SSN# = for USA Customers) (PPT# for overseas Customers)

<u>STOCKHOLDER NAME</u>	<u>HOME ADDRESS</u>	<u>PHONE#</u>	<u>SSN# OR PPT#</u>
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DIRECTORS:

<u>DIRECTORS NAME</u>	<u>HOME ADDRESS</u>	<u>PHONE#</u>	<u>SSN# OR PPT#</u>
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OFFICERS AND THEIR TITLES:

<u>OFFICER NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS</u>	<u>PHONE#</u>	<u>SSN# OR PPT#</u>
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Have any of the above listed individuals ever been convicted of a criminal offense: Yes No
If Yes, please explain (attached additional sheets if needed):

A. Subsidiaries, and their relationship, business and ownership to you or your company:

B. Affiliates, and their respective relationship to you:

List the States or Provinces in which you are qualified to do business in:

List the States of Provinces in which you physically conduct business, have sales representatives, or store inventory including the exact business address:

FINANCIAL INFORMATION:

Is the address leased? Yes No

If no, please list all past due taxes/payments (attached additional sheets if needed):

Year	Quarter	Amount	Paying Agent
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The last date payroll, state/provincial and federal income taxes were paid:

How many employees are full time? Part time employees?
What is your average weekly gross payroll?

Are there any judgments existing against you or the company? Yes No
If Yes, please list date, court and docket number and attach any documentation and written explanation:

IN ADDITION TO THE ABOVE INFORMATION PLEASE ALSO PROVIDE THE FOLLOWING:

1. Last Three Years Federal Tax Returns:
2. Copy of a Current Receivables Aging:
3. Copy of a Current Payables Aging:
4. Inventory Listing:
5. Copy of Current Financial Statement and Three Prior Years:
6. Copy of Articles of Incorporation:
7. Copy of Sales Tax or Use Tax Exempt Permit:

COLLATERAL SECURITY INFORMATION

Please provide the following information about your accounts receivable:

1. Normal selling terms:

2. Are any extended terms granted? Yes No

If Yes, list terms:

3. Any installment or progress payment receivables: Yes No

If Yes, Explain:

4. Do you sell to Brokers? Yes No

If Yes, what percentage?

5. Any consignment sales? Yes No

If Yes, Explain:

6. Any bill and hold sales? Yes No

If Yes, Explain:

7. Any sales to government agencies? Yes No

8. Are receivables generated from sales of goods, sales of services, or both? Goods Services Both

9. Are any sales arising from construction work? Yes No

10. Do you have any export sales? Yes No

If Yes, list the letters of credit obtained to secure sales?

11. Are your obligations to account debtors fully performed at time of invoicing? Yes No

12. Are there any sales to "consumers" (i.e. individuals purchasing for personal, family or household purposes)? Yes No

If Yes, Explain:

13. Any sales of oil, gas or minerals? Yes No

If Yes, Explain:

14. Are any sales paid for with negotiable or other instruments? Yes No

If Yes, is security taken?

15. Are there any sales of farm products? Yes No

If Yes, Explain:

16. Do you make sales to any of your affiliates, related companies, or individuals to which any of your executive officers are related: Yes No

If Yes, explain the nature of the relationship:

17. Do you buy goods or services from your customers? Yes No

18. Are all sales "in the ordinary course" of your business? Yes No

If No, Explain:

19. Do you offer a warranty or guarantee with your goods or services? Yes No

If Yes, Explain:

20. Account debtors must obtain authorization prior to returning goods? Yes No

21. Are returned goods segregated from new inventory? Yes No

22. How do you dispose of returned goods?

23. Average Monthly Sales Volume:

24. What percent of your sales are returned?

25. What is the dilution on accounts receivable?

26. Number of invoices per month:

27. Number of active customers:

Number of invoices per month:

28. Current value of receivables?

29. Please attach a complete copy of your active customer list with customer name, address, telephone number, facsimile number and contact name and title, with email & addresses:

30. Where are collections received?

31. Where are collections deposited?

32. Do you obtain Performance and/ or Payment bonds on your jobs? Yes No

If Yes, Explain:

Provide Name and Address of your top 10 customers:

Please provide the following information regarding other interests:

1. List all security interest you have granted that cover accounts receivable and/or inventory:

2. Does any inventory financier claim a purchase money security interest? Yes No

If Yes, please provide name and address of financier and details of this transactions:

3. List and describe any agreements (loan mortgage, stockholder etc. to which you are a party and which may restrict borrowing or creation of security interest, of which may impose unusual financial burdens on you:

4. List and describe any provisions of your by-laws which may limit your ability to borrow or create security interests:

5. Are you a Debtor-in-Possession under any bankruptcy proceedings? Yes No

If Yes, list the Court and Docket Number:

6. Have you qualified to do business in all states/provinces where required due to the nature of your business or your ownership of property therein?

Yes No

The foregoing statements have been carefully read by me and I hereby solemnly declare and certify under Penalty or Perjury that the same are true and correct and that I have the authority to provide this information and be bound by the terms of this application. Tubular King Co. or any of its associates or assigned are authorized to (1) request, receive and verify credit reports and other financial information regarding applicant and its business that Tubular King Co. or any of its associates or assigned deems appropriate; and (2) verify any information contained in this application, or learned by Tubular King Co. or its associates or assigned as part of its investigation and review of this application, applicant, or applicant's business.

Applicant Signature

Applicant Signature

Name of Company:

Print Name of Person(s) Signing

Title of Person Signing:

Date: