



CREDIT APPLICATION

5430 Rock Hampton Court, Indianapolis, IN 46268 ♦ T 317/ 876-8800 ♦ F 317/872-2076 ♦ TF 888/876-8802 ♦ www.capitoldrilling.com

Company Name _____

Trade Name _____

Billing Address _____

Shipping Address _____

Nature of Business _____

Telephone No. _____

For Office Use Only	
Received:	_____/_____/_____
Approved:	_____/_____/_____
Declined:	_____/_____/_____
	By: _____
Credit Limit:	_____
Salesman:	_____

Fax No. _____

Business established (month/year) _____

Federal ID No. _____

Corporation (State____ Year____) Partnership LLC Government Proprietorship

Other _____

Name of Owners, Partners, Officers /	Title /	Home Address /	Social Security No.
--------------------------------------	---------	----------------	---------------------

_____/_____/_____ / _____/_____ / _____

_____/_____/_____ / _____/_____ / _____

_____/_____/_____ / _____/_____ / _____

Purchase Order required? Yes No Credit Limit Requested _____

Key Contact Persons

Purchasing _____ Telephone No. _____

Accounts Payable _____ Telephone No. _____

Have you or your organization ever filed bankruptcy or applied for Chapter 11 Reorganization? Yes No

Sales Tax Status Taxable Non-Taxable – Please complete Exemption Certificate on backside of this form.

Banking Information

Name of Bank _____ Contact _____

Address _____ Phone _____

Trade References

1) Name _____ Phone No. _____

Address _____ Fax No. _____

2) Name _____ Phone No. _____

Address _____ Fax No. _____

3) Name _____ Phone No. _____

Address _____ Fax No. _____



**CREDIT TERMS
AND AGREEMENT**

Our terms are NET 10TH PROX. On the last business day of each month a statement will be prepared and mailed to you listing all unpaid invoices as of the close of business for that month. THE ENTIRE BALANCE, SHOWN ON THE STATEMENT, IS DUE BY THE 10TH OF THE MONTH FOLLOWING THE STATEMENT DATE. Any part of a statement balance not paid by the end of the month following the statement date will be considered PAST DUE and may be charged a one and a half (1-1/2%) Service Charge (annual percentage rate of 18%) on the past due balance.

Your account will be assigned a MAXIMUM CREDIT LIMIT, subject to review at any time, and should your unpaid balance exceed this limit, you will be required to make payment on your account prior to the due date or accept purchases on a "CASH ON DELIVERY" basis until such time as your balance is reduced to within your credit limit. CDCS reserves the right to discontinue "CHARGE" orders should your account become past due; if there is an ownership or name change; in the event of bankruptcy; or at any time CDCS, for good cause, deems itself insecure.

The applicant hereby authorizes a full and complete investigation by CDCS and understands that CDCS will not process a "CHARGE" order until a signed and completed credit application has been submitted and approved.

Should it become necessary to place this account in the hands of an attorney for collection, applicant agrees to pay the reasonable attorney's fees and all costs of collection.

This CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written consent between CDCS and the Applicant.

I/WE HAVE READ THE TERMS OF THIS AGREEMENT AND AGREE TO BE BOUND BY THEM IN ALL REPESECTS.

This _____ day of _____, 20 ____.

SIGNATURE: _____
(OWNER OR OFFICER)

NAME: _____ **TITLE:** _____

In consideration of the extension of credit privileges, I (we) hereby grant to CDCS continuing guaranty of payment of this account and agree to personally guarantee payment of all indebtedness, including interest, collection costs, and expenses as stated above.

Individually: _____
SIGNATURE

TYPE OR PRINT SIGNATURE

Form ST-105 (Rev. 3/84)	INDIANA GENERAL SALES TAX EXEMPTION CERTIFICATE (May not be used as an AGRICULTURAL OR UTILITY EXEMPTION CERTIFICATE.)
Name _____ Account No. _____	
Address _____ Date _____	
<input type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE PURCHASE DESCRIPTION OF ARTICLES _____	
<input type="checkbox"/> Sale to Retailer, Wholesaler or Manufacturer for Resale Only. <input type="checkbox"/> Sale of Manufacturing machinery, tools and equipment to be used directly in direct production. <input type="checkbox"/> Sales to Not-For-Profit Organizations, claiming exempt purchases pursuant to bulletin #10.	
NOTE: Many purchases by Not-For Profit Organizations are subject to Sales Tax; therefore, purchaser is cautioned to read bulletin #10 before signing this certificate.	
<input type="checkbox"/> Sales to Governmental units. <input type="checkbox"/> Other (Explain) _____	
I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the STATE GROSS RETAIL SALES TAX ACT.	
Signed _____ Title _____	
COMPANY EXEMPTION CERTIFICATES ARE NOT VALID FOR PERSONAL PURCHASES	