



# EXCALIBUR WELL SERVICES CORP

## Customer Information & Credit Form

**Fax or Email Completed Form to:**

Mary Cucchiaro mcucchiaro@ewscorp.net  
Fax: (661) 589-1089  
Phone: (661) 589-5338

**Mail Completed Form to:**

Excalibur Well Services Corp.  
22034 Rosedale Hwy  
Bakersfield, CA 93314

Today's Date: \_\_\_\_\_ Form Completed By: \_\_\_\_\_

### CUSTOMER SUMMARY

Customer Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**Ship to Address:****Bill to Address:**

Parent Company Name: \_\_\_\_\_

Parent Co. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Contact Person for Billing: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is customer a:  Corporation  Partnership  Proprietorship  Limited Liability Company

Corporate ID #: \_\_\_\_\_ In the state of: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Business License #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Resale #: \_\_\_\_\_

\*Please attach copy of reseller permit card.

**Owners/Officers/Partners:****Name****Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT INFORMATION**

**Bank Reference:**

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_  Checking  Savings

**D&B**

Dun & Bradstreet Number: \_\_\_\_\_

**Trade/Credit References:**

**Reference # 1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Date Opened: \_\_\_\_\_

**Reference # 2**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Date Opened: \_\_\_\_\_

**Reference # 3**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Date Opened: \_\_\_\_\_

**PERSONAL GUARANTEE**

In consideration of the extension of credit for goods/wares or services extended by Excalibur Well Services Corp.,

I/We Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I/We Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

as individuals jointly and severally, irrevocably, absolutely and unconditionally, guarantee unto the creditor, it's successors and assigns, the prompt and complete payment of any and all indebtedness of the customer to the creditor according to the terms thereof, which customer may now or at any time hereafter owe to creditor, it's successors or assigns, together with interest thereon. This is a continuing guarantee and shall remain in effect until all indebtedness owed by customer to creditor and all other amounts that may become due hereunder have been paid in full.

Notice of every kind or nature including those of action or non-action on the part of the customer, creditor, guarantor(s) or anyone else, are hereby fully waived by the undersigned. I/We hereby waive the right to require the creditor to proceed against the customer or to pursue any other remedy. I/We waive all statutes of limitations as a defense to any obligations hereunder.

In case suit or action is instituted to collect any portion of an account owed by any parties to this agreement, I/We agree to pay such additional sums as the court may adjudge reasonable for court and attorney fees to be allowed in said suit or action. I/We also understand and agree that creditor may report this indebtedness and customer's payment history to any public credit reporting bureau(s) to become a permanent part of my/our personal credit history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT! PLEASE READ BEFORE SIGNING**

The information and statements in this application are true and complete. Unless otherwise agreed, in writing, payment terms on all open accounts are NET 30 DAYS FROM THE INVOICE DATE. Any invoice not paid by the 31st day from invoice date will be subject to a charge for interest at the highest rate pursuant to the laws of the State of California.

In consideration of, and in order to establish an open line of credit based on the foregoing application, the undersigned promises to pay for all purchases in accordance with Excalibur's terms of sale. If, at any time, for any reason, the undersigned is unable to pay for said purchases when due, and in the event it becomes necessary for Excalibur to incur collection costs or institute suit to collect any amount due under this agreement or any portion thereof, the undersigned and/or any guarantor(s) - promise(s) to pay such additional costs, charges and expenses including (but not limited to) attorney's fees and commissions if the account is placed in the hands of attorneys for collection. Interest shall be charged on the due balance at the maximum rate pursuant to California law.

It is agreed by and between the undersigned and/or guarantor(s) that this agreement has been entered into and is to be performed in the State of California. In the event of default or failure to pay by customer's guarantors, Excalibur Well Services Corp. may, at its election, bring an action in any court of competent jurisdiction in the County of Kern, State of California, to recover such sums as are due.

The undersigned herewith swears and declares under penalty of perjury that (i) customer is a solvent business and can and will promptly pay its debts as they become due; and (ii) the undersigned is duly authorized by customer to execute this application on behalf of customer.

The undersigned authorizes Excalibur Well Services Corp., or any third party acting on behalf of Excalibur Well Services Corp., at any time to make inquiries and obtain credit reports and such other information as necessary concerning the statements contained in this application.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_