ENERGYSOLUTIONS

Credit Application

299 S. Main Street, Suite 1700
Salt Lake City, UT 84111
Phone: 801-649-2000

BUSINESS INFORMATION

COMPANY NAME		IN BUSINESS SINCE	DBA	
PRIMARY BUSINESS ADDRESS		CITY	STATE /PROVINCE	POSTAL CODE
A/P CONTACT NAME	PHONE NUMBER		EMAIL OR FAX	
PRINCIPAL'S NAME	PRINCIPAL'S TITLE		BUSINESS TYPE (CORP, LLC, PROPRIETORSHIP, ETC.)	

BANK REFERENCE

BANK NAME		CLIENT SINCE	ACCOUNT NUMBER	
BANK ADDRESS		CITY	STATE/PROVINCE	POSTAL CODE
BANK CONTACT NAME	BANK PHONE NUMBER		EMAIL OR FAX	

TRADE REFERENCES

COMPANY NAME		CLIENT SINCE	CREDIT LIMIT	CURRENT BALANCE
COMPANY ADDRESS		CITY	STATE/PROVINCE	POSTAL CODE
CUSTOMER CONTACT NAME	CUSTOMER PHONE NUMBER		EMAIL OR FAX	

COMPANY NAME		CLIENT SINCE	CREDIT LIMIT	CURRENT BALANCE
COMPANY ADDRESS		CITY	STATE/PROVINCE	POSTAL CODE
CUSTOMER CONTACT NAME	CUSTOMER PHONE NUMBER		EMAIL OR FAX	

COMPANY NAME		CLIENT SINCE	CREDIT LIMIT	CURRENT BALANCE
COMPANY ADDRESS		CITY	STATE/PROVINCE	POSTAL CODE
CUSTOMER CONTACT NAME	CUSTOMER PHONE NUMBER		EMAIL OR FAX	

I hereby certify that: (i) the information provided above is true and correct, (ii) Energy Solutions is hereby authorized to investigate all bank, credit and trade references, and said references are hereby authorized to release any requested information to Energy Solutions and/or its legal representatives, (iii) such authorization shall extend to obtaining credit and financial related information that will be used to determine the amount and conditions for which credit may be extended, (iv) Energy Solutions reserves the right to grant or deny the extenion of credit at it's own discretion, (v) any false and incorrect information provided in this application may result in the denial of credit and/or the rescinding of credit lines extended, (vi) the applicant agrees to pay Energy Solutions in accordance with its contractual terms, and (vii) unpaid balances beyond contractual terms will be subject to a service charge of 1.5% per month (or the maximum permissible rate under applicable law) plus any collection agency fees and/or legal fees.

Authorized Signature: _____ Printed Name: _____

Title: _____ Date: _____