

**ONE ENERGY, INC.**

420 Lakeside Ave, Suite 302, Marlborough, MA 01752

Phone (508) 460-1010 | Fax (781) 634-0501

***Please complete all sections. If not applicable, enter N/A. All information provided will be held in strict confidence.***

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| **Billing Information** *Please fill out the following section about the company legally responsible for payment.* |
| Billing name:  |
| Billing Address: | City: | State: | Zip Code: |
| Phone #:  | Email:  |
| Business type (check one): □ Corporation □ LLC □ Partnership □ Individual |
| If corporation or LLC Date Incorporated: in the state of:  | Federal Tax ID:  |
| Date of Current Ownership:  |
| Principal(s)/Owner(s) *Attach additional sheet if necessary* |
| Name:  | Phone #:  | Social Security #:  |
| Residence Address: | City: | State: | Zip Code: |
| **Shipping Information** *Please fill out the following section about the location where products will be delivered.* |
| Ship-to name:  |
| Ship-to Address: | City: | State: | Zip Code: |
| Phone #:  | Email:  |
| **Operations Information** |
| Projected Weekly Sales (dollars):  | Business operations managed by: |
| Seasonal? (circle one): YES NO | If seasonal, list months open (in season): |
| Off season address & phone #:  |
| Has this company or any affiliates previously done business with Energy Crafters, Inc. or any affiliates? YES NO |
| Is property owned or leased? (choose one) □ OWNED □ LEASED/RENTED  |
| Owner/Lessor/Renter Name:  | Phone #: |
| Owner/Lessor/Renter Address: | City: | State: | Zip Code: |
| **Financial Information** |
| Financial Statements (choose one) □ ENCLOSED □ WILL BE MAILED |
| Bank Name & Address:  |
| Account Type: □ Checking □ Savings | Account Number:  | Routing Number:  |
| **Trade References** |
| Reference #1 Name:  | Address: | Phone #: | Account #: |
| Reference #2 Name:  | Address: | Phone #: | Account #: |
| Reference #3 Name:  | Address: | Phone #: | Account #: |

**TERMS AND CONDITIONS OF PURCHASE**

*MUST BE SIGNED BY ALL ACCOUNTS REQUESTING CREDIT TERMS*

If you think your bill is wrong or if you need more information about a transaction on your bill, including pricing, communicate the issue to us in writing to the address noted above within 90 (ninety) days. We must hear from you in writing no later than ninety (90) days from the date of the invoice on which the error or problem appeared. All correspondence should be mailed to Energy Crafters, Inc. at the address listed above.

APPLICANT’S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICE IN ACCORDANCE WITH THE FOLLOWING TERMS

1. All invoices will be paid according to state terms granted by Energy Crafters, Inc. and its affiliates.
2. The undersigned agrees to notify Energy Crafters, Inc. immediately of any change of ownership.
3. The undersigned agrees to pay late payment finance charges on balances over 30 days past due, at a rate of 1.5% per month or 18% per annum, or the maximum allowed by state law.
4. The undersigned agrees to pay all fees incurred by Energy Crafters, Inc. associated with returned checks.
5. The undersigned agrees to pay all costs of collections, including reasonable attorney’s fees.
6. The undersigned indicated by this signature consent to Energy Crafters, Inc. jurisdiction for all legal matters.
7. The undersigned agrees to the use of the signature on this application as authorization to release credit information from applicant’s bank, creditors, and credit reporting agencies.
8. The undersigned understands that credit privileges may be revoked at any time without notice at the sole discretion of Energy Crafters, Inc.
9. Terms are subject to change without notice.
10. Applicant’s signature attests financial responsibility, ability and willingness to pay invoices in accordance with the above terms and all applicable laws and regulations.

APPLICANT SIGNATURE: DATE:

PRINT NAME: TITLE:

**PERSONAL GUARANTY**

*LACK OF SIGNATURE ON GUARANTY IS A FACTOR IN CREDIT ASSESSMENT AND MAY BE CAUSE FOR DENIAL OF CREDIT TERMS.*

Guarantee given by the undersigned to Energy Crafters, Inc., hereinafter called “the Company”, in order to induce it to extend credit to, or otherwise become the creditor, of the above named applicant. I/We hereby guarantee to the Company the prompt payment and performance, when due, of every claim of the Company, which may hereafter arise in favor of the Company against the above. We understand that the guarantee is unlimited and shall continue in full force and effect until cancelled by the Company. Further, the company may modify, change, or extend credit terms or conditions without specific notification to the guarantor and without receiving the guarantor’s consent.

In witness whereof I/We agree to the terms of purchase herein contained and have signed and sealed this guarantee.

PERSONAL SIGNATURE: DATE:

PRINT NAME:

RESIDENCE ADDRESS:

SOCIAL SECURITY NUMBER: