



## CREDIT EVALUATION FORM

### General Information

Shipper Name: \_\_\_\_\_

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

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

Financial Contact Person: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

Business Entity:  Corporation

Partnership

Other Please Specify: \_\_\_\_\_

List Parent Corporation if Shipper is a Subsidiary: \_\_\_\_\_

List General Partners if Shipper is a Partnership: \_\_\_\_\_

### Shipper's Bank Reference (or other financing source)

Bank Name: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

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

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

Loan Officer's Name: \_\_\_\_\_

Loan Officer's Phone: \_\_\_\_\_

### Business References

#### Reference 1

Business Name: \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_



## CREDIT EVALUATION FORM

### Reference 2

Business Name: \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Financial Data

Please indicate which type(s) of financial data you are sending:

( ) Financial Statement (Audited, if available)

( ) Annual Report(s)

( ) 10-K

Send financial data to:

**Empire Pipeline, Inc.  
6363 Main Street, 1<sup>st</sup> Floor  
Williamsville, NY 14221  
Phone (716) 857-7740  
Fax (716) 857-7648**

### Additional Information

DUNS#      \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_

Shipper's Estimate of activity under all transportation agreements with Empire:

\$\_\_\_\_\_00 Estimated Monthly Transportation Charges

Today's Date:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                          month            day            year