



122 Bourg Larose Hwy  
Bourg, LA 70343  
Phone: 985-466-3778  
Fax: 985-466-3779

[WWW.Go-Infinityenergy.com](http://WWW.Go-Infinityenergy.com)

Please complete the following information and email or fax to the following: [cody@go-infinityenergy.com](mailto:cody@go-infinityenergy.com) or (985) 466-3779. Thank you for your continued loyalty.

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

Company Billing Address: \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_

Accounts Payable Phone Number: \_\_\_\_\_

Accounts Payable email address: \_\_\_\_\_

Is a Purchase Order required on invoices? YES NO

Would you like to receive Invoices through email ONLY? \_\_\_\_\_

If so, please provide an Email address if different from above: \_\_\_\_\_

Where would you like us to send your statement? \_\_\_\_\_

OFFICE USE - Completed Date: \_\_\_\_\_



122 Bourg Larose Hwy  
Bourg, LA 70343

3718 Opelousas St.  
Lake Charles, LA 70615

3187 LA 1 North  
Port Allen, LA 70767

23189 IH-10  
Vidor, TX 77662

Mailing Address: 122 Bourg Larose Hwy  
Bourg, LA 70343  
Phone: 985-466-3778  
Fax: 985-466-3779

We hereby apply for the extension of credit by the above firm and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

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

Firm's Legal Name: \_\_\_\_\_ Phone :(\_\_\_\_) \_\_\_\_\_

Operating Trade Name: \_\_\_\_\_ Fax :(\_\_\_\_) \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish/ County \_\_\_\_\_ Tax %: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Type Business: \_\_\_\_\_ if incorporated, state in which incorporated: \_\_\_\_\_

Tax Exempt?  YES  NO (If Yes, Provide documents)

Corporation: \_\_\_\_ Partnership: \_\_\_\_ Limited Partnership: \_\_\_\_ Proprietorship: \_\_\_\_ Date Started: \_\_\_\_\_

Are Purchase orders required on Invoices?  YES  NO

Principal owners or stockholders:

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE - Completed Date: \_\_\_\_\_

**TRADE REFERENCES**

Name	Street	City & State	Email/Phone#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
Name of Bank	_____	Phone	_____
Street Address	_____	Account Number	_____
City	_____	State	_____

**THE UNDERSIGNED SUBMITS APPLICATION FOR CREDIT SUBJECT TO THE FOLLOWING TERMS, AND CONSIDERATION FOR THE EXTENSION OF CREDIT OR THE ESTABLISHMENT OF AN ACCOUNT, REPRESENTS AND / OR AGREES AS FOLLOWS:**

1. All the information submitted in the application is true and correct to the best of knowledge, information and belief of the applicant.
2. The undersigned authorizes inquiry as to credit information and accordingly gives approval for those references to release credit information to Infinity Energy Services, L.L.C.
3. If credit is extended, the undersigned personally and unconditionally guarantees payment for all invoices, services charges, and cost of collection.
4. Additions or alterations to this contract are null and void unless approved in writing by an authorized representative of Infinity Energy Services, L.L.C.

**DAMAGE WAIVER**

If approved charge customers accept damage waiver, they shall pay fourteen percent (14%) of the total amount shown in the rental column of invoice.

1. If approved charge customers reject the damage waiver, they must furnish Infinity Energy Services, L.L.C. with a certificate of insurance, or sign a written corporate responsibility agreement which states that they have the necessary coverage and should a loss occur, equipment would be covered.

OFFICE USE - Completed Date: \_\_\_\_\_

## RENTAL RATES

All rental rates are based on eight (8) hours daily, fifty-six (56) hours weekly, and two hundred twenty-four (224) hours monthly. All monthly billings are calculated and invoiced on a twenty-eight (28) day cycle. Overtime charges will be assessed.

If further information on our damaged waiver or rental rate policy should be required, please contact our office for a more detailed explanation to be forwarded to you.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms of net 30 days from invoice date. Should it become necessary to place this account on collection, I / we agree to pay all collection costs and attorney fees. I / we also agree that if partial payments are made or no payment is made on the account within the terms specified that you have the right to assess and I / we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1 ½% to the past due balance. This is an annual percentage rate of 18%.

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Witness By:** \_\_\_\_\_

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### OFFICE USE ONLY

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Decline: \_\_\_\_\_

Personal Guaranty Signed: \_\_\_\_\_ W-9 \_\_\_\_\_ Tax Forms: \_\_\_\_\_ AP Paperwork: \_\_\_\_\_ COI: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

OFFICE USE - Completed Date: \_\_\_\_\_