



Vendor Application Form

Customer Name _____
 Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 CEO Name _____ CEO Title _____
 CEO E-mail _____ CEO Phone _____
 Marketing E-mail _____
 Social Security Number _____ Name of SSN Owner _____
 Federal Tax ID Number _____

Customer Information

Organization Type: Sole Owner ___ Corporation ___ S-Corp. ___
 State of Incorporation? _____ Nonprofit? ___ Yes ___ No
 Other Socioeconomic Factor(s)? _____
 Domestic/Foreign Owned? _____
 Is customer owned by a parent company? ___ Yes ___ No
 Parent Company Name _____
 Parent Company Address _____
 Parent Company Tax ID _____
 Products/Services (short narrative): _____

 Customer's Web Site(s): _____
 Did customer have a name change in the past 12 months? ___ Yes ___ No
 Name _____
 Customer Contact _____ Account Payable Contact Name: _____
 Account Payable Phone: _____ Account Payable Email : _____

(1) Customer References

Name of Company: _____
 Contact Name: _____
 Contact Phone: _____ Contact Email: _____
 Credit Available: _____ How long have you worked with this reference (years): _____

(2) Customer References

Name of Company: _____
 Contact Name: _____
 Contact Phone: _____ Contact Email: _____
 Credit Available: _____ How long have you worked with this reference (years): _____

(3) Customer References

Name of Company: _____
 Contact Name: _____
 Contact Phone: _____ Contact Email: _____
 Credit Available: _____ How long have you worked with this reference (years): _____





Customer Agreement

In consideration for any future sales of goods by Sarin Energy Inc. to Customer on credit, Customer agrees to the terms herein and to the terms and conditions of sale set forth on each invoice. Customer agrees that payment of all invoices are due immediately on the date printed on the invoice and shall accrue interest at the rate of 18% per annum. Customer agrees to pay all of Sarin Energy Inc.'s attorneys' fees and costs incurred in relation to any transaction with Customer, including any action to collect amounts owed to Sarin Energy Inc.

CUSTOMER

_____	_____	_____
Signature of Authorized Party	Title	Date

In consideration for any future sales of goods on credit or extension of credit by Sarin Energy Inc. to Customer or to any other company controlled either directly or indirectly by the undersigned Guarantor(s) (each an "Obligor"), the undersigned Guarantor(s), jointly, severally, and personally guarantee to pay Sarin Energy Inc., its successors and assigns, the total amount of any indebtedness of Obligor when due, in accordance with the terms thereof. In the event any Obligor fails to make any payment to Sarin Energy Inc. when due, the undersigned Guarantor(s) agree to pay all amounts owed by the Obligor, including the principal amount of the indebtedness, all costs, and all attorneys' fees incurred by Sarin Energy Inc. in relation to any transaction with the Obligor.

Personally Guaranteed By:

GUARANTORS

Name: _____

Address: _____

Signature: _____

Contact Email: _____

Social Security Number: _____

Date of Birth: _____

Name: _____

Address: _____

Signature: _____

Contact Email: _____

Social Security Number: _____

Date of Birth: _____



Application for Credit Account



Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name and Contact Person:
Account #:
Address:
Phone:

Trade Reference #1

Company Name:	
Contact Name:	
Address:	
Phone:	
Account Opened Since:	Account in Good Standing: Y / N
Credit Limit:	
Current Balance:	

Trade Reference #2

Company Name:	
Contact Name:	
Address:	
Phone:	
Account Opened Since:	Account in Good Standing: Y / N
Credit Limit:	
Current Balance:	

Trade Reference #3

Company Name:	
Contact Name:	
Address:	
Phone:	
Account Opened Since:	Account in Good Standing: Y / N
Credit Limit:	
Current Balance:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Please email to LED@SarinEnergy.com or mail
to:

SARIN Energy Solutions

9209 Quivira Rd.
Overland Park, KS 66215
(855) 997-2746
Fax: (888) 671-4872