



IKON MIDSTREAM LLC
 7670 WOODWAY DR. STE 357
 HOUSTON, TX 77063
 PH: 832-582-7141
 WWW.IKONMIDSTREAM.COM

NEW CUSTOMER CHECKLIST

Thank you for your interest in IKON MIDSTREAM, Inc. Please use the following checklist to submit an application.

- CREDIT APPLICATION
- FINANCIAL STATEMENTS - PAST 3 YEARS & INTERIM
- AUTHORIZATION & SIGNATURE FORM
- PERSONAL GUARANTY FORM
- EFT AUTHORIZATION & VOIDED CHECK
- REFERENCE RELEASE FORM
- W-9 FORM

Please fill out all necessary fields and send to:
 IKON MIDSTREAM LLC
 Email credit@ikonmidstream.com

For related question contact Rhett Kenagy:
 Phone 832-356-8081
 Email rkenagy@ikonmidstream.com

CREDIT APPLICATION

FULL LEGAL NAME _____

AUTHORIZATION & SIGNATURE

The information provided to IKON MIDSTREAM LLC ("IKON MIDSTREAM") on this application by applicant, and any other information provided to IKON MIDSTREAM, including financial statements, is warranted to be accurate, complete, and true, and shall be the property of IKON MIDSTREAM. The information herein may be shared with IKON MIDSTREAM employees, its affiliates and subsidiaries. IKON MIDSTREAM is authorized to obtain credit report(s) and/or information from agencies or other entities chosen by IKON MIDSTREAM regarding the above applicant in connection with the processing of this application and at any future time.

Your signature below represents your warranty to IKON MIDSTREAM LLC that you are an authorized officer of the company with the authority to bind the company, and that IKON MIDSTREAM LLC may rely on this warranty. Undersigned also agrees to abide by all rules and regulations set forth in the most current version of "IKON MIDSTREAM General Terms & Conditions" as posted on IKON MIDSTREAM's website.

SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

REFERENCE RELEASE FORM

Please return requested information to:
 IKON MIDSTREAM LLC
 Email rkenagy@ikonmidstream.com

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To Whom It May Concern:

Please release the requested banking or trade credit information for the account(s) of the company named below:

FULL LEGAL NAME _____

BILLING ADDRESS _____

SIGNATURE _____

DATE _____

PRINTED NAME _____

TITLE _____

BANKING INFORMATION

BANK NAME _____

BANK CONTACT _____

PHONE _____

ACCOUNT # _____

FAX _____

ADDRESS _____

EFT AUTHORIZATION AGREEMENT

FULL LEGAL NAME _____

PRIMARY EFT CONTACT NAME _____ EMAIL _____

BANK ACCOUNT INFORMATION

BANK NAME _____

CONTACT _____

BANK ABA # _____

PHONE _____

ACCOUNT # _____

FAX _____



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AUTHORIZATION & SIGNATURE

Company Name _____ does hereby authorize IKON MIDSTREAM LLC ("IKON MIDSTREAM") to initiate ACH debit entries to Customer's commercial checking account indicated above ("Customer's Account"), and does further authorize the financial institution ("Customer's Bank") named above to debit such entries to the Customer's Account. This authority shall remain in effect until terminated upon fifteen (15) calendar days written notice by either Customer or IKON MIDSTREAM. Notice of Termination shall in no way affect debit entries initiated prior to actual receipt of Notice. If that authority is terminated, the Customer has the duty to advise Customer's Bank of the termination. All credit and other terms or requirements between Customer and IKON MIDSTREAM will remain in effect.

Customer does hereby authorize IKON MIDSTREAM or an authorized agent to initiate ACH debits electronically to Customer's Bank, subject to such financial institution's capability to receive such data.

SIGNATURE _____	DATE _____
PRINTED NAME _____	TITLE _____

COMMUNICATIONS

EMAIL ADDRESS TO SEND INVOICES _____

CONTACT NAME _____ PHONE _____

DRAFT NOTICES

EMAIL ADDRESS TO SEND DRAFT NOTICES _____

CONTACT NAME _____ PHONE _____

PRICING

EMAIL ADDRESS TO SEND DAILY PRICE QUOTES _____

CONTACT NAME _____ PHONE _____

Please list 3 Principal Creditors, preferably oil related:

CREDITOR 1

NAME _____	AMOUNT \$ _____
CONTACT _____	PHONE _____
ACCOUNT # _____	FAX _____

CREDITOR 2

NAME _____	AMOUNT \$ _____
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CONTACT _____	PHONE _____
ACCOUNT # _____	FAX _____
<u>CREDITOR 3</u>	
NAME _____	AMOUNT \$ _____
CONTACT _____	PHONE _____
ACCOUNT # _____	FAX _____

PRINCIPAL CREDITORS

PERSONAL GUARANTY

The undersigned ("Guarantor"), for and in consideration of IKON MIDSTREAM LLC ("IKON MIDSTREAM") granting and extending credit to the above applicant, hereby unconditionally and irrevocably personally guarantees the full and prompt payment when due of all amounts arising or incurred from and after the date hereof and owed by the above applicant to IKON MIDSTREAM. All demands, presentments, notices of protest and of dishonor, and all other notices of any kind or nature, including those of action or non-action of the above applicant, are expressly waived by Guarantor. Guarantor hereby further waives the right to require IKON MIDSTREAM to proceed against the above applicant and/or any other party and agrees that IKON MIDSTREAM may proceed against Guarantor on this guaranty without taking any action against the above applicant or any other party. It is expressly understood that this personal guaranty shall be one of payment and not of collection. Guarantor agrees to pay IKON MIDSTREAM actual attorney fees and all other costs and expenses that may be incurred by IKON MIDSTREAM in enforcement of this guaranty.

IKON MIDSTREAM is authorized to obtain credit reports(s) and/or other information from any agencies or other entities chosen by IKON MIDSTREAM regarding the individual(s) signing this personal guaranty in connection with the processing of this personal guaranty and at any future time. Personal Guarantor agrees to execute and provide IKON MIDSTREAM with Applicant's personal financial statement outlining personal Guarantor's assets and liabilities at the time this personal guaranty is executed.

GUARANTOR'S SIGNATURE _____	DATE _____
PRINTED NAME _____	SSN # _____