

# Vendor/Contractor Application

<b>To be completed by prospective Vendor/Contractor (if additional space is needed to complete an answer to any question, please provide information on a separate sheet):</b>		
<b>NOTE: COPY OF COI (INCLUDING UMBRELLA POLICY LIMIT AMOUNT) MUST ACCOMPANY THIS APPLICATION.</b>		
Company Name:		If the company is doing business under another name and/or uses a trade name, please provide that name here:
Is the Company:		<input type="checkbox"/> PRIVATE or <input type="checkbox"/> PUBLIC
Headquarters/Physical Address:	Phone Number:	Website:
Mailing/Remit Address (if different from Physical Address):		Other Offices and/or Locations:
Business Operates As: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Company Formed/Incorporated:	State of Incorporation: <input type="checkbox"/> Texas <input type="checkbox"/> Delaware <input type="checkbox"/> Oklahoma <input type="checkbox"/> New Mexico <input type="checkbox"/> Colorado <input type="checkbox"/> Louisiana  <input type="checkbox"/> Other: _____
Accounting Contact Person:  Email of Accounting Contact:  Federal Tax Identification Number:	Bank Name / Address / Contact Information: (If you want to receive payment by ACH, which is strongly recommended for prompt payment, please also provide ACH Routing Number, Account Number, and Email for Remittance)	
<b>TOTAL REVENUE IN LAST THREE (3) YEARS: (Circle one for each):</b>		
<b>Last Year:</b> <input type="checkbox"/> \$0-\$500,000 <input type="checkbox"/> \$500,000-\$2,000,000  <input type="checkbox"/> \$2,000,000-\$5,000,000 <input type="checkbox"/> \$5,000,000-\$10,000,000  <input type="checkbox"/> \$10,000,000+	<b>Two (2) Years Ago:</b> <input type="checkbox"/> \$0-\$500,000 <input type="checkbox"/> \$500,000-\$2,000,000  <input type="checkbox"/> \$2,000,000-\$5,000,000 <input type="checkbox"/> \$5,000,000-\$10,000,000  <input type="checkbox"/> \$10,000,000+	<b>Three (3) Years Ago:</b> <input type="checkbox"/> \$0-\$500,000 <input type="checkbox"/> \$500,000-\$2,000,000  <input type="checkbox"/> \$2,000,000-\$5,000,000 <input type="checkbox"/> \$5,000,000-\$10,000,000  <input type="checkbox"/> \$10,000,000+
<b>Name and Title of All Owners/Officers/Principals:</b>		
<b>Name and Phone Number for the Company's Point of Contact:</b>		
Number of Company Employees (circle one):  <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 51-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200+		

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Provide a Brief History, Including Industry Experience and Knowledge of the Company:

Describe the Service(s) to be Provided:

Indicate the Geographical Areas/Regions in Which the Company Provides and/or Has Provided Services:

Is Your Company Affiliated with Any Other Company and/or Entity:

YES  NO

If yes, provide the following for each:

Name of Company Entity

Affiliation

Does Any Owner / Officer / Principal Own an Interest in any Other Oil Field Company and/or Entity?

YES  NO

If yes, provide the following for each:

Name of Company Entity

Affiliation

At any time, have any of the above Companies/Entities performed work for Charger Oil Shale Operating, LLC ("CHARGER")?  Yes  No

If Yes, provide dates of service:

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Has any Owner / Officer / Principal Previously Performed Work for CHARGER Under any Other Company Name?

YES  NO

If yes, provide the following for each:

**Name of Company Entity**

**Dates of Work**

Is any Owner / Officer / Principal Related to or Have any Affiliation With Any CHARGER Employee, Consultant or Contractor:

YES  NO

If yes, provide the following:

**Name of CHARGER or Contractor**

**Relationship**

Provide Relevant References from Unrelated Companies for Whom Substantial Work has been Performed by the Company in the Last Three (3) Years:

**Name of Company**

**Dates of Work**

**Phone Number**

In the last three (3) years, have any claims, liens and/or lawsuits been filed against the Company and/or any Owners / Officers / Principals?:

YES  NO

If yes, provide the following:

**Court**

**Case Name**

**Case No.**

**Description of Claims**

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In the last three (3) years, has the Company and/or any Owners / Officers / Principals entered into a factoring agreement with any third party?:

YES  NO

If yes, provide the following:

Third Party

Contact Name

Phone Number

Does the Company intend to enter into a factoring agreement with any third party?

YES  NO

If yes, provide the following:

Third Party

Contact Name

Phone Number

I understand this is only an application and is in no way a binding contract between CHARGER and the prospective Vendor/Contractor. I certify the above answers are true and accurate to the best of my knowledge. I understand the prospective Vendor / Contractor cannot be utilized by CHARGER until a Master Service Agreement is fully executed and a Certificate of Insurance with proper coverage is provided:

**SIGNATURE (Name and Title):**

\_\_\_\_\_

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

**CHARGER Use only:**

**Submitted By: (Name and Title)**

\_\_\_\_\_

Are you in any way related or affiliated with the prospective Vendor/Contractor:  YES  NO

If yes, explain the nature of the relationship in detail:

**Why do you recommend this prospective Vendor/Contractor?**

**APPROVAL: (Sign and Date)**

\_\_\_\_\_

Date Entered in System:

By:

\_\_\_\_\_