MINERALTECH	Please email	Please email your signed application to rrichoux@mineraltechllc.com				
P.O. Box 1027 Highlands, TX 77562	Phone:	409-746-9446		Fax:	409-349-40	048
Business Information:						
Legal Company Name:						
DBA:						
Physical Address:						
City:		State:			Zip Code:	
Mailing Address:						
City:		State:			Zip Code:	
Years in Business:	Years		Months			
Type of Business: Sole P	ropretorship	Partnership	LLC	Corporati	on	Other
Phone:			Fax:			
Federal Tax ID #:			-	se Orders Red	quired?	Yes/No
Is your Company Taxable:	Yes/No	AP Contact:				
If No, attach copy of Sales Tax Exemp		Email:				
If yes, please indicate tax jurisdiction			receiving i	nvoices: Ma	il or Email	(Please circle one)
Bank Information:						
Bank Name:		CONTROL OF THE SERVICE OF	Contact I	Name:		
Address:			Phone:	•		
City:	State	2:	Zip Code			
Type of Account:		Account Nun				
Business References:						
Company:			Contact N	Name:		
Phone:			Email:			
Address:			Title:			
City:	State	2:	Fax:			
Company:			Contact N	Name:		
Phone:			Email:	-		
Address:			Title:			
City:	State	2:	Fax:			
Company:			Contact N	Name:		
Phone:			Email:	-		
Address:			Title:	-		
City:	State	2:	Fax:			
Credit Agreement:						
I consent to MineralTech, LLC obtaining	g a consumer/commerc	cial credit report on r	myself/compan	y for the purpo	se of evaluati	ing my credit worthiness
in connection with application for busi	ness credit. I agree to	the payment terms of		ralTech, LLC. 1 c	ertify that the	e above information is true
Authorized Signature:			Date:			
Personal Guarantee		**************************************				
on demand any and all indebtedness of and change in terms of the original ind	f the above named app	licant to MineralTec	h, LLC. This is a	continuing gua	arantee, and t	guarantee and promise to pay MineralTech, LLC the obligations created hereby are unaffected broment.
Name:			Social Sec	curity #		
Signature:			Date:			
Name:			Social Sec	curitv#		
Signature:			Date:			