

PLATFORM REGISTRATION/KYC FORM

Attn: _____

CLIENT APPLICATION

(Business Purposes Only)

GENERAL INFORMATION

*Company Legal Name:			*Website	
*Mailing Address	*Street	*City	*State	*Zip
*Telephone Number		Fax Number	*Email Address	
In Business Since	*Fiscal Year Ends	*Tax ID Number	Dunn & Bradstreet Number	

TYPE OF FUEL

- Liquefied Natural Gas (LNG)
 Natural Gas (NG)
 Compressed Natural Gas (NG)

Index Price Formula	Inspection 50/50 - Quality / Quality	Total Quantity or Volume Delivery
Price Formula:	Report:	Amount:

*Estimated Monthly Requirements (List by product and volume):

NOTE: In each Gas we need the correct Product specification sheet direct from the End User (Client). The same apply at per requested Products which is not in the box above.

***PAYMENT TERMS**

(IT) Irrevocable and Transferable DLC	<input type="checkbox"/> T + 5	<input type="checkbox"/> T + 10
Pre-Pay	<input type="checkbox"/> Cash Payment/Wire Transfer	<input type="checkbox"/> IT - DLC at site
Revolving IT - DLC	<input type="checkbox"/> T + 5	<input type="checkbox"/> T + 10
Other Provisions	<input type="checkbox"/> Bank Guarantee (BG)	<input type="checkbox"/> Stand By Letter of Credit (SBLC)

BANKS REFERENCE - PLEASE GIVE COMPLETE ADDRESS

Bank Name		Phone Number	Fax Number	
Address - Street and Number		City	State/Province	Postal Code
Bank Branch	Account No - Checking		Account No - Loans	
Officer to Contact	Email		Website	

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***INCOTERMS**

Free on Board (FOB)	Cost Insurance and Freight (CIF)	Delivered at Place (DAP)
<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK
Port Terminal	Port Terminal	Port Terminal

***FUEL TRADING TERMS - SALES AND PURCHASE AGREEMENT (SPA)**

Carriage and Insurance Paid to (CIP) <input type="checkbox"/> OK	Cost and Freight (CRF) <input type="checkbox"/> OK	Delivered at Terminal (DAT) <input type="checkbox"/> OK
Port Terminal	Port Terminal	Port Terminal

END USER OR END BUYER OR OFFTAKERS

(Fuel Facility – fields are required)

POWER PLANT

Name		Phone Number	Fax Number	
Address – Street and Number		City	State/Province	Postal Code
GPS Location	Processing Capacity		Storage Capacity	
Contact	Email		Website	

LNG REGASIFICATION PLANT

Name		Phone Number	Fax Number	
Address – Street and Number		City	State/Province	Postal Code
GPS Location	Processing Capacity		Storage Capacity	
Contact	Email		Website	

PETROCHEMICAL PLANT

Name		Phone Number	Fax Number	
Address – Street and Number		City	State/Province	Postal Code
GPS Location	Processing Capacity		Storage Capacity	
Contact	Email		Website	

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FSRU FACILITY

Name		Phone Number	Fax Number	
Address – Street and Number		City	State/Province	Postal Code
GPS Location	Processing Capacity		Storage Capacity	
Contact	Email		Website	

INDUSTRY

Name		Phone Number	Fax Number	
Address – Street and Number		City	State/Province	Postal Code
GPS Location	Processing Capacity		Storage Capacity	
Contact	Email		Website	

I/We wish to open an account with **TBN-LNG** and hereby submit the requested information together with this application, for consideration.

The information provided is true and accurate to my/our best knowledge and belief. If applying for credit, I/we grant permission to contact commercial reporting agencies, and any of the bank and trade references listed above.

Should credit be granted I/we agree to remit payment in accordance with applicable payment terms and will maintain account balance within the approved credit limit.

Further, I (we) understand that all invoice payments are due and to be in **TBN-LNG's** possession on the invoice due date. A finance charge may be assessed on delinquent payments.

Applicant also agrees to examine immediately upon receipt, each of **TBN-LNG's** invoices, and to advise **TBN-LNG** of any disputed transactions or statements, together with a written statement specifying the

reasons for such dispute, within a reasonable timeframe PRIOR to the due date.
Failure to notify **TBN-LNG** of any dispute shall constitute a waiver of all such disputes.

Applicant understands they must notify **TBN-LNG** in writing, and by certified mail of any change in ownership, the name or the business structure under which credit is established.

Applicant expressly agrees that it shall be liable and pay all attorneys' fees, collection costs and court fees, and any other expenses, whether or not incurred in connection with litigation, including but not limited to attorneys' fees and costs associated with the enforcement of any of the terms of this application and attorneys' fees and costs resulting from a default under this application.

Authorized Signature	Position (must be owner or officer)	Date
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The undersigned individual who is either a principal of the supplying applicant or a sole proprietorship of the supplying applicant, recognizing that his or her individual purchased history or track record may be a factor in the evaluation of the supplying history of the applicant, hereby consents to and authorizes the use of a consumer purchase supplying report on the undersigned by the above named business purchased grantor, from time to time as may be needed, in the supplying evaluation process.

Authorized Signature	Position (must be owner or officer)	Date
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Address (residential) – Street and Number	City	State/Province	Postal Code
Social Security Number or Passport Number			

END DOCUMENT

