



Vendor/Contractor Application

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):

NOTE: COPY OF COI (INCLUDING UMBRELLA POLICY LIMIT AMOUNT) MUST ACCOMPANY THIS APPLICATION.

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:
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Mailing/Remit Address (if different from Physical Address):	Other Offices and/or Locations:
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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: _____
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Accounting Contact Person:	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)
Email of Accounting Contact:	
Federal Tax Identification Number:	

TOTAL REVENUE IN LAST THREE (3) YEARS: (Circle one for each):

Last Year:	Two (2) Years Ago:	Three (3) Years Ago:
<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+	<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+	<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+

Name and Title of All Owners/Officers/Principals:

Name and Phone Number for the Company's Point of Contact:

Number of Company Employees (circle one):

1-4 5-10 11-25 25-50 51-99 100-199 200+



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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:

<u>Name of Company Entity</u>	<u>Affiliation</u>
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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:

<u>Name of Company Entity</u>	<u>Affiliation</u>
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At any time, have any of the above Companies/Entities performed work for Moontower Resources Operating, LLC ("Moontower")? Yes No
If Yes, provide dates of service:



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Has any Owner / Officer / Principal Previously Performed Work for Moontower 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 Moontower Employee, Consultant or Contractor:

YES NO

If yes, provide the following:

Name of Moontower 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 Moontower 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 Moontower until a Master Service Agreement is fully executed and a Certificate of Insurance with proper coverage is provided:

SIGNATURE (Name and Title): _____

Date: _____

Moontower 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: _____