

Credit Application

Return to: Adelphia Gateway, LLC

1415 Wyckoff Rd. Wall, NJ 07719

Email: AdelphiaContracts@NJResources.com

Instructions: Complete the form and attach your most recent copies of the following items (as applicable), Annual Report, Audited Financials, Form 10K, and Form 10Q

Shipper/Company ("Applicant") Information

Name:	
	(legal name of business entity)
D-U-N-S:	
Credit Contact #1	
Name:	
Credit Contact #2	
Name:	
Fax:	

Form Date: 05/12/2022

Accounts Payable Contact		
Name:		
Title:		
Phone:		
Email:		
Fax:		
Marketing Contact		
Name:		
Title:		-
Phone:		-
Email:		
Fax:		
Business Entity Information Type of Entity (i.e., corporation, LLC, etc.)		
Jurisdiction of formation (i.e., state or province) _		
Fiscal Year End	D&B No:	
Description of Business Activity:		
Parent Company		
Name:		-
Address:		
D&B No: If necessary	/ will narent quarantee navment?	

Form Date: 05/12/2022

Trade References:	
1. Company:	
Address:	
Phone:	
2. Company:	
Fax:	
3. Company:	
Address:	
Fax:	
Bank References:	
Name:	
Contact Person:	
Phone:	
Email:	

- 1. We hereby authorize Adelphia Gateway, LLC to obtain or exchange any information that may be required relative to this Application from any source, including Applicant's financial institutions, trade suppliers, and credit information databases. Applicant authorizes each source to provide such information.
- 2. The undersigned Applicant certifies that the information supplied on this Credit Application is accurate and correct as of the date appearing below.

Authorized Signature for Applicant	
	Authorized Signature for Applicant