

**PETROPLEX SWD SYSTEMS LLC**

**P.O. Box 1873  
Midland, Texas 79702-1873  
(432) 687-2222**

**CONTRACT APPLICATION**

**Company Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Facsimile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

**Legal Structure:**

Type of Business  
Entity: \_\_\_\_\_

State of: \_\_\_\_\_

Date Formed: \_\_\_\_\_

Tax ID No.: \_\_\_\_\_

**Officers:**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No & Ext.: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. & Ext.: \_\_\_\_\_

**Accounts Payable Contact:**

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Facsimile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Credit References:**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ESTIMATED MONTHLY BARRELS TO BE DISPOSED AT PETROPLEX SWD SYSTEMS, LLC'S  
DISPOSAL FACILITIES:** \_\_\_\_\_

**WHO WILL YOU BE HAULING FOR:**\_\_\_\_\_

Petroplex SWD Systems, LLC is authorized to contact the above credit references for additional information.

**X**

\_\_\_\_\_  
Authorized Representative