

**BAKER HUGHES Inc.**  
Request for Customer Information  
All information will be held in strict confidence

Legal Name Of Business	_____			
Billing Address	_____		City & State	Zip
Street Address	_____		City & State	Zip
Telephone Number	_____	Fax No.	_____	
Accounts Payable Contact	_____	Tele No.	_____	

<b>Name and Title of Owners, Partners, or Corporate Officers</b>				
Title _____	Name _____	Title _____	Name _____	
Title _____	Name _____	Title _____	Name _____	

<b>General Information</b>				
<input type="checkbox"/> Corporation	Date of Incorporation: _____	<input type="checkbox"/> Partnership (Type: _____)	<input type="checkbox"/> Joint Venture	
	State of Incorporation: _____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other _____	
Federal Tax ID No./SSN: _____				
Length of time in business: _____				
Parent Co. (if applicable): _____				
Applicant also associated with: _____				
Amount of credit requested \$ _____				
Will applicant favor Baker Hughes with a current audited financial statement upon request? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Has applicant ever filed bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Court: _____				
** Please attach tax exemption, if applicable.				

<b>Trade References (Oilfield related )</b>					
Company	Address	City	State	Zip	Telephone
					Fax #
					Telephone
					Fax #
					Telephone
					Fax #

<b>Bank Reference(s)</b>	
Financial Institution _____	Telephone No. _____
Address _____	Acct. No. _____
City _____ State _____ Zip _____	Contact _____

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**DISCLOSURE:**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status, age (provided the applicant has the capacity to enter into a binding contract; because all or part of the applicant's income is derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Division of Credit Practices, Washington, DC 20580

In the event that your application is denied, you may request a statement of the specific reason. A statement of the specific reason for denial of the application will be delivered if requested by you in writing within 60 days of the date you are notified of the denial of the credit application. The statement of reasons will be delivered within 30 days of receipt of your written request. The request for the specific reasons should be addressed to:

ATTN; CREDIT DEPARTMENT

Baker Hughes Inc  
Accounts Receivable, Credit & Collections  
17015 Aldine Westfield Rd  
Houston, Texas 77073

**TERMS AND CONDITIONS:**

The undersigned agrees to the following on behalf of the applicant and also represents that the undersigned is authorized by the applicant to act on behalf of the applicant.

Unless otherwise noted, all of the following provisions are true.

Applicant hereby authorizes the creditor to obtain credit information from any source and authorizes any source to provide the creditor with all credit information it requests and agrees that all invoices received from the creditor are due 30 days from date of each respective invoice. If any invoice is unpaid 30 days after the invoice date, interest shall accrue at the lesser of 18% per annum or the maximum amount allowed by law. Applicant agrees that all of creditor's invoices shall be payable Houston, Harris County, Texas.

By signing this application, applicant agrees to be bound by any term and conditions of creditor which may appear on the front or back of any shipping document, delivery document, or any invoice, regardless of whether the same is signed by applicant. Applicant is aware that creditor is relying on the representations contained herein to be true and applicant also represents that it is current on all bills and has a present ability to pay all its bills as they become due. In the event the creditor has to resort to legal means to collect any indebtedness owed to creditor, applicant and its guarantors agree to pay actual costs and attorney fees. Applicant agrees to indemnify and hold harmless the creditor for all costs, attorney fees and damages resulting from any action or inaction of applicant.

In the event of a dispute, applicant agrees to pay any and all undisputed charges within the creditor's normal net 30-days payment terms. In the event applicant does not pay any invoice of creditor within 30 days of the invoice date, applicant agrees to promptly furnish to creditor, upon request, copies of the leases concerning property for which creditor supplied goods and services; the failure to do so will cause applicant to pay for all costs and fees incurred by creditor to procure copies of such leases and applicant hereby agrees to pay creditor for all costs and fees so incurred. Payments will be applied first to outstanding costs and attorney fees, then to outstanding interest and then to outstanding principal. Creditor shall be entitled to apply all payments received from applicant to any amount owed by applicant in any order creditor chooses, and the same shall not be considered a waiver of any rights outlined herein. Specifically, it is agreed by all parties that creditor may apply payments to invoices of its choosing regardless of any instruction by debtor, unless creditor agrees to the contrary in a signed writing.

Applicant hereby agrees that the creditor make no guarantees or warranties on any goods or services sold to any applicant and applicant shall not allege to the contrary. There are no warranties, expressed or implied of merchantability, fitness for a particular purpose or otherwise concerning the goods or services creditor may provide to applicant.

In consideration of the extension of credit by creditor, the undersigned agrees to be bound by all the preceding terms and conditions.

Legal Name of Business

Signature of Authorized Agent :

Title:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN BOTH PAGES VIA [store@shopbakerhughes.com](mailto:store@shopbakerhughes.com)**

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**Tax Exemption Certificate**

**Seller:** Baker Hughes Oilfield Operations, Inc.

**Address:** Sales and Use Tax Group  
PO Box 670968  
Houston, TX 77267-0968

\_\_\_\_\_ **Blanket Certificate**  
\_\_\_\_\_ **Single Purchase**  
\_\_\_\_\_ **NOT Blanket Certificate**  
Refer to purchase order for appropriate tax instructions

The undersigned purchaser hereby certifies that the tangible personal property purchased on all orders and until this notice is revoked in writing, is exempt from the applicable state sales and use taxes for the reason that such property is purchased for the purpose of:

1. \_\_\_\_\_ Resale, leasing or renting, or
2. \_\_\_\_\_ To become an ingredient or component part of, or to be incorporated into or used or consumed in manufactured, processed, or fabricated product of tangible personal property.
3. \_\_\_\_\_ For first use offshore beyond the territorial limits of the state of \_\_\_\_\_
4. \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Description of property purchased: \_\_\_\_\_

Description of the type of business activity generally engaged in or type of items or services sold by the purchaser:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned purchaser further certifies that it will assume liability for payment of the tax direct to the state if the property purchased is used or consumed in such a manner as to render the sale subject to tax.

**NOTE:** The purchaser holds sales tax licenses or permits in the respective states as indicated on Page 2 of this form.

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

Please list all the names under which your company does business:

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

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

DBA: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

DBA: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

DBA: \_\_\_\_\_

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

DBA: \_\_\_\_\_

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

DBA: \_\_\_\_\_

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<b>STATE</b>	<b>License or Permit Number</b>	<b>STATE</b>	<b>License or Permit Number</b>
Alabama	_____	Mississippi	_____
Alaska	_____ No state sales tax _____	Missouri	_____
Arizona	_____	Montana	_____ No state sales tax _____
Arkansas	_____	Nebraska	_____
California	_____	Nevada	_____
Colorado	_____	New Hampshire	_____ No state sales tax _____
Connecticut	_____	New Jersey	_____
Delaware	_____ No state sales tax _____	New Mexico	_____
District of Columbia	_____	New York	_____
Florida	_____	North Carolina	_____
Georgia	_____	North Dakota	_____
Hawaii	_____	Ohio	_____
Idaho	_____	Oklahoma	_____
Illinois	_____	Oregon	_____ No state sales tax _____
Indiana	_____	Pennsylvania	_____
Iowa	_____	Rhode Island	_____
Kansas	_____	South Carolina	_____
Kentucky	_____	South Dakota	_____
Louisiana	_____	Tennessee	_____
Parish	_____	Texas	_____
Parish	_____	Utah	_____
Parish	_____	Vermont	_____
Parish	_____	Virginia	_____
Parish	_____	Washington	_____
Maine	_____	West Virginia	_____
Maryland	_____	Wisconsin	_____
Massachusetts	_____	Wyoming	_____
Michigan	_____		
Minnesota	_____		