



1700, 440 – 2nd AVENUE S.W. CALGARY,
ALBERTA, CANADA T2P 5E9
TELEPHONE (403) 206-4000
FAX (403) 206-4001

Dear Sir or Madam:

RE: APPLICATION FOR CREDIT

Thank you for your interest in conducting business with MP Energy Partnership. To help us complete your business credit application in a timely manner, we ask that you please provide the following information:

- **A completed, signed credit application form (attached).**
- **Your most recent year-end audited financial statements and most recent quarterly financial statements.**

Please complete the application form and return it, along with your financial statements, either by email at credit@gibsons.com or by fax at (403) 206-4001. You are assured that any financial or sensitive information received will be held in strictest confidence and be used only by our Credit Department for credit evaluation purposes.

Should you have any questions regarding this application, please contact the undersigned at (403) 206-4000.

Yours truly,

Gibsons Credit Dept.



BUSINESS CREDIT APPLICATION

Upon completion please forward the form
either by fax or e-mail to the following:

Fax: (403) 206-4001
E-mail: Credit@Gibsons.com

Product Type:		Wholesale Propane <input type="checkbox"/>		NGLs <input type="checkbox"/>	
Business Requirements: Propane					
Settlement Terms: Upon receipt of invoice			Amount of credit required (30 day basis):		
Business Requirements: NGLs					
Oil Settlement: 25th day of month following the Transaction Month			Amount of credit required (55 day basis):		
Business Information					
Type of Company Limited Company Partnership Other (<i>Specify</i>):					
Registered Name of Business					
Registered Address					
City/Town			Province		Postal Code
Telephone	Fax	Email		Internet Address	
Nature of Business					Years in Business
Accounts Payable Contact and Contact Details (Inc: Name/Telephone/Fax/E-mail)					
<i>Name</i>		<i>Telephone</i>		<i>Fax</i>	
<i>Email</i>					
Operating Name of Business – If different					
Operating Address of Business – If different					
Company Officers, Partners, Principles					
Name			Title		
Name			Title		
Name			Title		
Credit Information					
Bank Name		Account #	Transit #	Telephone	
Address				City/Town	
Name of Parent Company					
Address					
City/Town		Province		Postal Code	
Telephone		Fax			
Nature of Business					Years in Business

References	
Company Name	Contact
Address	
Telephone	Fax
Company Name	Contact
Address	
Telephone	Fax
Company Name	Contact
Address	
Telephone	Fax
<p>We make application for a credit account with MP Energy Partnership. I affirm that I am duly authorized to complete the application and confirm the information I have provided is true to the best of my knowledge. I authorize MP Energy Partnership and/or its parent company, Gibson Energy ULC to make investigations of our credit standing for which this application is made, as deemed to be necessary by MP Energy Partnership and/or its parent company, Gibson Energy ULC.</p> <p>For accounts past due over 30 days, interest may be charged at 24% per annum.</p>	
Signature	Date
Applicant Name (Please Print)	Applicant Title