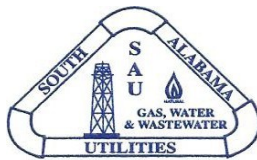


4800 McCrary Road
P. O. Box 319
Semmes, Alabama 36575



8100 Joy Street
P. O. Box 428
Citronelle, Alabama 36522

Phone: 251-649-4316
Fax: 251-645-0950

Phone: 251-866-2365
Fax: 251-866-5814

South Alabama Utilities Business Data Summary

CREDIT APPLICATION FOR SERVICE

Name of Company: _____

Contact Name: _____

First Middle Last

Telephone Number: Business (____) _____ Cell: (____) _____

Contact's Driver's License Number: _____ State: _____

Contact's Social Security Number: _____

Incorporated: () Yes () No If yes, Federal Identification Number: _____

Service Address: _____

City State Zip

Mailing Address If Different : _____

City: _____ State: _____ Zip: _____

Name of Owner: _____

First Middle Last

Social Security Number: _____

Telephone Number: Work (____) _____ Cell: (____) _____

Length Of Time In Business: _____

Type of Business: _____

=====
Name, Address and Telephone Number of Emergency Contact Person:

STATEMENT: In consideration of credit being extended by SOUTH ALABAMA UTILITIES to me/us/it, (I and or we) certify the truthfulness and veracity of the Statement appearing above, and I (and/or we) guarantee and bind ourselves to the faithful payment of all amount billed to and due by us or either of us, or any other person, or corporation for our benefit. If credit is extended to a corporation in which we or either of us, or I as an officer, or in which and an interest exists I (and/or we) will personally faithfully guarantee the payment of all credit extended to said corporation. In the event this account is placed in the hands of an attorney for collection or suit instituted to collect same or any portion thereof, I (and/or we) agree and promise to pay a reasonable attorney's fee.

NOTICE: It is important that you thoroughly read this before signing.

I verify the above information as being correct:

Guarantor and/or Pledgee: _____

Applicant: _____ Date: _____