

UNION GAS LIMITED
A Subsidiary of the Bermuda Industrial Union
CHARGE ACCOUNT APPLICATION

NAME: (Mr/Mrs/Ms) _____
Surname First Name Middle

DATE OF BIRTH: _____

ADDRESS: _____

MAILING ADDRESS: _____
If different from home address

Contact Numbers: Home: _____ Work: _____
Cell: _____ Pager: _____

PRESENT EMPLOYER: _____

ADDRESS: _____

SPOUSE'S FULL NAME: _____
Surname First Name Middle

SPOUSE'S DATE OF BIRTH: _____

SPOUSE'S JOB TEL: _____

I (PRINT NAME OF APPLICANT)

UNDERSTAND AND AGREE that I will be responsible for payment of any/all fees due for goods provided and services rendered by Union Gas Limited.

I UNDERSTAND AND AGREE that any/all fees/outstanding balances are payable within 30 days for any goods provided and services rendered. Failure to pay within 30 days will result in 7% interest being applied to any outstanding balance, and will continue to accrue until the account has been paid in full.

I UNDERSTAND AND AGREE that if this account is not paid in full 30 days after the billing date, this account may/will be placed with the Bermuda Debt Collection Agency Limited, and I will be responsible for payment of Collection Fees (33 1/3%), Court Costs, Legal Costs, Returned Cheque Charges, Interest Private Service Charge (\$50.00), Monthly Late Payment Fee (\$10.00) any other expenses incurred by Union Gas Limited in the collection of any fees/outstanding balances.

I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO THE TERMS AS OUTLINED ABOVE:

Dated this _____ day of _____ of 1999.

SIGNED: _____
APPLICANT

SIGNED: _____
UNION GAS LIMITED

MEMBER OF THE BERMUDA DEBT COLLECTION AGENCY LIMITED