

<b>New Business Associate Form</b>				
<i>Please provide an up-to-date W9 along with this form</i>				
<b>Business Associate Type:</b>	<input type="checkbox"/> Owner	<input type="checkbox"/> Vendor	<input type="checkbox"/> Operator	<input type="checkbox"/> Participant Other:
<b>Company Name:</b>				
<b>DBA/Addtl Names:</b>				
<b>Mailing Address:</b>	<b>Street:</b>			
	<b>City, State, Zip:</b>			
<b>Contact Info:</b>	<b>Name:</b>			
	<b>Phone #:</b>			
	<b>Email:</b>			
<b>Remittance Address (if different from Mailing Address)</b>				
<b>Mailing Address:</b>	<b>Street:</b>			
	<b>City, State, Zip:</b>			
<b>Tax ID #:</b>		<b>Tax ID Type:</b>	<input type="checkbox"/> SSN	<input type="checkbox"/> TIN
<b>ACH Setup</b>				
<i>To be setup for ACH Payment, you must also provide a voided check or letter from your Financial Institution along with this form.</i>				
<b>Bank Name:</b>				
<b>Name on Bank Account:</b>				
<b>9-Digit Bank Routing/Transit Number</b>				
<b>Bank Account #:</b>		<b>Type of Account:</b>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>Remittance E-Mail:</b>				
<b>Payment Terms (for Vendors only)</b>				
<b>Terms:</b>	<input type="checkbox"/> Pay Upon Receipt		<input type="checkbox"/> Net15	
	<input type="checkbox"/> Net7		<input type="checkbox"/> Net20	
	<input type="checkbox"/> Net10		<input type="checkbox"/> Net45	
<b>OpenInvoice Information (for Vendors only)</b> <i>Please complete if you are Registered in OpenInvoice</i>				
<b>Company Name in OpenInvoice:</b>				
<b>Site Name in OpenInvoice:</b>				
<b>Address in OpenInvoice:</b>				
<b>Authorization to Initiate Payment</b>				
Approval/Authorizations: I hereby authorize Javelin to initiate payments via <u>ACH</u> or <u>CHECK</u> . Further, I agree not to hold Javelin responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This authorization shall remain in full force and effect unless and until I or the financial institution change or cancel such authorization. This authorization shall be deemed to have been changed or canceled only after 30 days after Javelin's receipt of a written request from me.				
<b>Print Name:</b>		<b>Date:</b>		
<b>Title:</b>				
<b>Signature:</b>				

**Please return this form to the following:**

**Via Mail:** Attn: Javelin Accounts Payable Department  
5221 N. O'Connor Blvd, Suite 1100, Irving, TX 75039

**Via E-Mail:** [AP-Javelin@Crescentenergyco.com](mailto:AP-Javelin@Crescentenergyco.com)

For additional questions, please contact the Javelin AP Department via email or phone (469) 706-3740