



**New Business Associate Request Form**

*\*Please provide a current year W9 form along with this form*

<b>Owner</b>	<b>Vendor</b>	<b>Operator</b>	<b>Participant</b>	<b>Other:</b>
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Company Name:

DBA Names:

Mailing Address:

City, State, Zip

Contact Info  
(Name, Email,  
Phone #):

**Remit Address** (if different from mailing address)

Address

City, State, Zip

Tax ID #	Tax ID Type	EIN      SSN
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**VENDORS ONLY**

*Payment Terms:*

**Are you a register vendor in OpenInvoice?**

Company Name in OpenInvoice:

Site Name in OpenInvoice:

Address in OpenInvoice:

**ACH Authorization**

Financial institution Information: To be setup on ACH payment, you must also provide a voided check or letter from your financial institution along with this form.

Bank Name:

Name on Bank Account:

Nine-Digit Bank Routing/Transit Number (ABA):

Bank Account Number:	Type of Account:	Checking      Savings
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Remittance Email Address:

**Approval/Authorizations:** I hereby authorize Crescent Energy Operating to initiate automatic deposits to my account via electronic funds transfer (EFT also known as ACH) at the financial institution named above. Further, I agree not to hold Crescent Energy Operating 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 Crescent Energy Operating's receipt of a written request from me.

Print Name:	Date:
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Title:

Signature:

By Email: **ops-ap@crescentenergyco.com**

By Mail: ATTN: CEO Account Payable  
6333 N State Highway 161 STE 500 Irving TX 75038-2282