



COUNTERPARTY DATA INFORMATION SHEET
(Please legibly complete the information and sign below)

Enterprise Marketer Contact: Matt Verstuyft

(Please legibly complete the information and sign below)

Parent Company Name:	
Parent Tax ID Number:	
Parent DUNS Number:	
Counterparty (Billable)/ DBA Name:	
Federal Tax ID Number (W9/W8 Required):	
Specific Location DUNS Number:	
Physical Address (Street, City, ST, & Zip):	
Remittal Address (Street, City, ST, & Zip):	
Remittal Email for Electronic Payments:	
Business Website:	

(If left blank payment will be submitted by check)

If you are being Paid by Enterprise Products and/or its Subsidiaries

Select Payment Method: Select One: CHECK WIRE DRAFT

Bank Name:	
Account #:	
ABA#:	
Account Name:	
IBAN:	
Swift:	
Intermediary Bank Info:	

(REQUIRED) Owner/Officer Signature:

Title:

Printed Name:

CONTACT NAME:	PHONE	FAX	EMAIL
Commercial:			
Credit:			
Scheduling:			
Contract/Legal:			<input type="checkbox"/>
Invoicing/Actg:			<input type="checkbox"/>
Procurement/PO:			
Other:			

NOTICES (If Applicable - Choose one per Line)	PHONE	FAX	EMAIL
Pricing: Email FAX DTN:			
Invoicing: Email FAX DTN:			
Confirmations: Email FAX DTN:			

Counterparty Representative Signature:	<i>Signature is Required for Party Setup</i>
Printed Counterparty Representative Name:	
Counterparty Title:	
Date:	

Please send completed form back to your Enterprise Products Contact
 Contract Administration at:
 Fax: (281) 887-7130 or Email: Contract_Administration@eprod.com
 If you have questions, please call NGL Contract Administration at: (800)430-6843, Ext. 4
 or your Enterprise Marketer