



Biodiesel Chemicals

Distributor Application

Date: _____

A. Customer Information

Name of Business: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax No.: _____

Federal EIN: _____

Type of Business: _____

Date Business Started: _____ State of Inc.: _____ Employees: _____

Corp _____ Partner _____ Sole Prop. _____

Principal Owners and Officers in the Business:

1. Name: _____ Title: _____

2. Name: _____ Title: _____

3. Name: _____ Title: _____

Accounts Payable Contact: _____

Accounts Payable Phone: _____

B. Trade References (List three major suppliers)

- | | |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| Address: _____ | Fax: _____ |
| 2. Name: _____ | Phone: _____ |
| Address: _____ | Fax: _____ |
| 3. Name: _____ | Phone: _____ |
| Address: _____ | Fax: _____ |

C. Bank References

1. Bank Name: _____
Address: _____
Phone Number: _____ Contact: _____
Account Number: _____
2. Bank Name: _____
Address: _____
Phone Number: _____ Contact: _____
Account Number: _____

D. Exemption Status

Will sales tax be exempt? Yes _____ No _____

If yes, State Tax Exempt Number: _____

(Please send a copy of your Tax Certificate along with this application.)

E. Agreement

I, (we) certify that this information is true and correct and I, (we) give Biodiesel Chemicals and its affiliated companies permission to contact any credit reporting agency, including the bank and trade references given and that any extension of credit shall be subject to the following terms and conditions:

1. Applicant affirms that it is authorized to do business within the State of _____.
2. I, (we) shall pay the full amount of the invoice when due, all invoices must be paid in full before products or chemicals will be shipped to the end use location.

Agreement Accepted for (Firm Name): _____

Authorized Principal/Officer: _____

Print Name and Title: _____

Date: _____