



Advanced Fuel Solutions, Inc.

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APPLICATION FOR CREDIT / CREDIT UPDATE

NAME OF COMPANY YEARS IN BUSINESS
TRADE, STYLE NAME REGISTERED
ADDRESS
CITY STATE ZIP
TELEPHONE# FAX#

BRANCH OFFICE (S) & ADDRESS
TYPE OF BUSINESS DO YOU OWN THE BUILDING? #SQ FT
NAME, ADDRESS, TEL/FAX # OF LANDLORD
DO YOU HAVE OTHER OWNERSHIPS, OR INTERESTS?
PREVIOUS AFFILIATIONS, IF ANY
AMOUNT OF CREDIT REQUIRED ANNUAL SALES NO. OF EMPLOYEES
OWNERSHIP: CORP? PUBLIC LISTED? PARTNERSHIP? INDIVIDUAL?

Federal Tax ID# State Tax ID#

Please attach appropriate exemption/resale certificates

D&B DUNS NUMBER:

ACCOUNTS PAYABLE CONTACT: EMAIL:

Tel: FAX:

Table with 3 columns: NAMES OF OFFICERS/OWNERS, TITLE, FAX/TELEPHONE. Rows 1, 2, 3.

TRADE REFERENCES

Table with 4 columns: NAME, COMPLETE ADDRESS, FAX#, TELEPHONE #. Rows 1, 2, 3, 4.

BANK ADDRESS
FAX# TELEPHONE# ACCOUNT #

ADVANCED FUEL SOLUTIONS, INC. (AFS) TERMS OF SALES ARE NET 30 DAYS, IF AND WHEN CREDIT IS APPROVED. UNTIL SUCH TIME, TERMS WILL BE ON A PREPAID BASIS.

IMPORTANT: APPLICATION VOID WITHOUT SIGNATURE(S)
I/WE AGREE THAT THE USUAL CREDIT INQUIRES MAY BE MADE AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR AND CONSENT TO THE DISCLOSURE OF SUCH INFORMATION TO ANY CREDIT AGENCY.
AUTHORIZED SIGNATURE:
1.
FOR CREDIT DEPARTMENT USE ONLY
CREDIT REQUESTED
CREDIT LIMIT - N30
APPROVED BY:
DATE REVIEW