

Customer Profile

NAME OF COMPANY _____ YEARS IN BUSINESS _____

TRADE, STYLE NAME _____ REGISTERED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE# _____ FAX # _____

Branch Offices

BRANCH OFFICE (S) & ADDRESS _____

LINE 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 _____ EMPLOYEE # _____

OWNERSHIP: CORP _____ PUBLICLY LISTED _____ PROPRIETORSHIP _____ PARTNERSHIP _____ LLC _____

Company Fed & State Tax ID

Please provide state sales tax exemption certificate.

FEDERAL TAX ID# _____ STATE TAX ID# _____

D&B DUNS NUMBER: _____ PRODUCT FOR RESALE Y/N _____

Accounts Payables

CONTACT NAME _____ EMAIL _____

PHONE _____ CELL _____ FAX _____

Officers / Owners Contact

NAMES OF OFFICERS/OWNERS	TITLE	TELEPHONE
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1. _____

2. _____

3. _____



Trade References

	COMPANY	ADDRESS	CONTACT	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Banking Information

ACCOUNT # _____

BANK NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

Terms and conditions

I agree that routine credit inquiries may be made at any time in connection with the credit request hereby applied for, and consent to the disclosure of such information to any credit agency.

IMPORTANT: APPLICATION VOID WITHOUT AUTHORIZED SIGNATURE(S)

AUTHORIZED SIGNATURE:

X _____ DATE _____

ADVANCED FUEL SOLUTIONS, INC. (AFS) TERMS OF SALES ARE NET 30 DAYS. ESTABLISHED TERMS WILL BE ON A PREPAID BASIS. CREDIT CARDS NOT ACCEPTED

***FOR AFS CREDIT DEPARTMENT USE ONLY ***

CREDIT REQUESTED _____

CREDIT LIMIT _____

APPROVED BY: _____

DATE _____ REVIEW _____

[SEND DOCUMENT FOR APPROVAL](#)