



780 East Industrial Drive
Morristown, Indiana 46161
765-763-6020 765-763-7080 FAX

Application for Credit

BUSINESS CONTACT INFORMATION

Company Name: _____
Phone: _____ Fax: _____ E-Mail: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Date business commenced: _____ Federal Tax ID Number: _____
Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

BUSINESS AND CREDIT INFORMATION

Primary Business Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ E-Mail: _____
Bank Name: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____

PO REQUIRED: YES ___ NO ___ TAX EXEMPT: YES ___ NO ___ CONTACT NAME: _____

BUSINESS / TRADE REFERENCES

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Type of Account: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Type of Account: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Type of Account: _____

AGREEMENT

- All invoices are to be paid upon receipt of invoice via EFT or COD unless other arrangements have been made.***
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Integrity Biofuels to make inquiries into the banking and business/ trade references that you have supplied.

SIGNATURES

Title: _____ Date: _____

Title: _____ Date: _____