



PACIFIC BIODIESEL TECHNOLOGIES

Billing
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Technologies
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APPLICATION FOR NEW ACCOUNT AND CREDIT APPLICATION

Business Name: _____

Tax ID# _____ **Accounts Payable Contact:** _____

Phone Number: _____ **Fax Number:** _____ **E-mail:** _____

Billing Address: _____ **Shipping Address:** _____

Type of Business: _____ **Date Established:** _____
_____ **Corporation** _____ **Partnership** _____ **Proprietorship** _____ **Other** _____

Incorporated: Yes / No **If yes, in what state?** _____

Bank Information:

Name of Bank: _____ **Acct #:** _____ **Phone:** _____

Address: _____ **Contact Person:** _____

Name, address and title of owners, partners or officers:

Name: _____ **Title:** _____ **Address:** _____

Name: _____ **Title:** _____ **Address:** _____

Name: _____ **Title:** _____ **Address:** _____

Credit References:

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

I certify the statements made above for the purpose of obtaining credit are true and I authorize you to make a credit investigation which will include consumer and commercial credit reports. This is a continuous authorization.

Authorized Signature: _____ **Title:** _____

Printed Signature: _____ **Date:** _____