

## Autopia Biofuels, LLC Confidential Credit Application

Please return to Autopia Biofuels 1025 S. Railroad Avenue, San Mateo, CA 94402

Phone 650.571.1863 Fax 650.523.8543

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Firm Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_ Year business opened: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID# or SS#: \_\_\_\_\_ Principals Name: \_\_\_\_\_

### Bank Reference

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date account opened: \_\_\_\_\_

### Trade References

Firm & Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm & Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm & Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please print your name: \_\_\_\_\_