

Triangle Biofuels Industries  
 PO Box 1611  
 Wilson, NC 27894  
 252-360-4274  
 252-360-4254 (Fax)



## BUSINESS ACCOUNT APPLICATION

### BUSINESS CONTACT INFORMATION

Company name:		
Phone:	Fax:	E-mail:
Registered company address:		
City:	State:	ZIP Code:
Date business started:	SSN/EIN:	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other _____		

### BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:		Phone:
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

### BUSINESS/TRADE REFERENCES

<b>First Reference:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
<b>Second Reference:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
<b>Third Reference:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

### AGREEMENT

1. All invoices are to be paid 10 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Triangle Biofuels Industries, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title: Date:	Title: Date:
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