

independence biofuel

...your maine renewable fuel alternative

295 Shiloh Road Durham, Maine 04222 www.biofuelme.com 207-353-5344 fax 353-4565

Send To:
 Independence BioFuel
 295 Shiloh Road
 Durham, Maine 04222
 OR Fax to 353-4565

CREDIT TERMS

Customers paying by Cash, Check, Money Order, or ACH receive a 10 cents per gallon discount off the Credit / Debit / Will Call price. Discounts are included in our posted / quoted retail prices in effect on the date and time of each delivery. All accounts are Net 10 Days. A 10 cents per gallon discount may be taken when payment is postmarked within 10 days of delivery, and all previous balances are paid. Payments made after the 10th day following each delivery forfeit the 10 cents per gallon discount, and those made after 20 days incur a \$15.00 fee. Returned payments incur a \$30.00 fee. Accounts over 30 days forfeit all discounts, and are subject to a FINANCE CHARGE of 2% per month. This is an ANNUAL RATE of 24%.
 Accounts over 60 days are referred to collection.
 Accounts Not Paid Within 14 Days Receive No Further Deliveries
 Until Payment Has Been Made.

CREDIT APPLICATION

NAME		SOC.SEC.# / EIN	
Address		City/State/Zip code	
Primary ph.	Work phone/fax	Date of Birth ___/___/19__	
Own ___ or Rent ___	# of Years ___	Landlord	Phone
EMPLOYER		Employer work phone	
Employer Address			
CO-APPLICANT NAME		SSN	DOB ___/___/19__
Co-applicant employer		Co-applicant work phone	
Co-applicant employer address			
Applicant e-mail address		Co-applicant e-mail address	
Name(s) of Person(s) other than applicant responsible for payment			
Their address		SSN	DOB ___/___/19__
Bank name	Address	Phone	
Most recent fuel supplier		Phone	

The undersigned agree(s) to the need to verify all information on this agreement, and authorizes all banks, businesses, and persons identified herein to furnish any information requested by Independence Energy Inc or its representatives, by phone or in writing.

The undersigned applicant(s) give Independence Energy Inc. or its representative authorization to obtain the credit history of the named applicant(s) and authorizes the release of such information by signature below.

The undersigned applicant(s) hereby warrant that all information contained on this agreement is true and correct, and acknowledge reading and completing the accompanying Delivery, Service, and Billing Information form.

Applicant Signature _____ **Date** ___/___/20__

Print Name _____

Co-applicant Signature _____ **Date** ___/___/20__

Print Name _____