

Application Type:

- New Application Update Ownership Change Re-Open Closed Account

Company Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Accounts Payable Manager: _____ Phone Number: _____

Type of Business Conducted: _____

Type of Company:

- California Corporation Other State Corporation Sole Proprietorship Partnership A Subsidiary of Another Company

Tax Identification #: _____ Resale Account #: _____

Financial Information:

Number of Years in Business: _____

Annual Sales: _____

Net Worth: _____

Credit Limit Requested:

\$ _____

Bank Name: _____ Branch Location: _____

Bank Account: _____ Contact: _____

Phone Number: _____ Fax Number: _____

PLEASE NOTE: The following information must accompany this credit application:

- ✓ **Current Credit References**
- ✓ **Resale Tax Certificate**
- ✓ **List of all Authorized Account Users**

Current Credit References

(Please list a minimum of 3 references)

1.
Company: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

2.
Company: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

3.
Company: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

4.
Company: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

5.
Company: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

CERTIFICATION: The information provided is accurate and for the purposes of obtaining credit. Full authorization to collect or verify any information is hereby granted to Agility Fuel Systems, Inc. and its representatives and employees. The application when submitted releases all trade creditors, banks and other parties their agents and employees from any and all liability resulting from providing or verifying or using said information.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Signed copy of credit application must be received before final credit approval.

TERMS NET 30 DAYS.
FOB SHIPPING POINT

Full Name of Company: _____

By: _____ Signature of
Owner, Partner or Authorized Officer of Company Print Name & Title Date

List of Authorized Account Users

(Additions or deletions to the Authorized Account Users list must be in writing and signed by the Owner, Partner or Authorized Officer of the Company)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Are you a Re-Seller? If so, required attachments:

- ✓ Resale Tax Certificate

- ✓ Seller's Permit

For quickest turnaround, please fill out online form. Alternatively this form can be printed, completed and mailed/faxed to:

Agility Fuel Solutions
3335 Susan Street, Suite 100
Costa Mesa, CA 92626
ATTN: ACCOUNTS RECEIVABLE
Fax: (714) 242-1385