



Jet Stream Fuels 37 N. Orange Ave. Suite 518, Orlando, FL. 32801

Sales@JetStreamFuels.com

Company Name: _____ Phone: _____
 Address: _____ D & B Number: _____
 E-Mail Address: _____
 City: _____ State: _____ Zip: _____ country _____
 website _____
 Form of Business: _____ Corporation _____ Partnership _____ Proprietorship Fed Id# _____
 Branch of a Corporation, HQ Location _____
 Division of a Corporation, Parent Name _____
 Subsidiary of a Corporation, Parent Name _____
 Type of company _____ Trading _____ manufacturer _____ power _____ distributor _____ other _____
 Business Description ***** please attach** _____
Product Desired _____
Years of experience with desired product _____
Countries purchased from _____
Previous quantities purchased _____
Spec for product from most recent shipment ***please attach** _____
Quantity desired and frequency _____
Destination port and country _____
Terminal name and Tank # Storage facility _____
 Payment Method: _____ Check _____ Wire _____ ACH _____ LC Method to Receive Invoices: _____ Fa x _____ E-mail _____ Mail

Name and Title of Owners or Officers:

1 _____ 2 _____

Credit References

TRADE:

Name _____ Fax # _____
 Address _____
 E-Mail Address _____
 City _____ State _____ Zip _____
 Phone _____ Person to Contact _____

Name _____ Fax # _____
 Address _____
 E-Mail Address _____
 City _____ State _____ Zip _____
 Phone _____ Person to Contact _____

Name _____ Fax # _____
 Address _____
 E-Mail Address _____
 City _____ State _____ Zip _____
 Phone _____ Person to Contact _____

BANK:

Name _____ Account # _____
 Address _____ ABA# _____
 City _____ State _____ Zip _____
 Phone _____ Person to Contact _____

The above information is offered as a basis for the extension of credit. We hereby authorize you to contact our trade and bank references for credit information, as may be required by your firm. The above information is confidential and for the use of Jet Stream Fuels, Inc and its subsidiaries.

Does Financial Statement Accompany Application? _____ Yes _____ No Credit Line Requested \$ _____

(If not, please forward the financial statement to Jet Stream Fuels, Inc. Credit Dept.)

Signature _____ **Title** _____ **Date** _____

JET STREAM Representative

Please Remember to attach State Tax Forms and Licenses