



SOUTH BEND ETHANOL

SOUTH BEND ETHANOL LLC CO-PRODUCT MARKETING

3201 West Calvert Street

South Bend IN 46613

Phone: 574-703-3360

CREDIT APPLICATION AND AGREEMENT

LEGAL COMPANY NAME:		CHECK ONE	
BILLING ADDRESS:		Sole Proprietorship:	
CITY, STATE, ZIP:		General Partnership:	
EMAIL:		Corporation:	
BUSINESS PHONE:		Date of Incorporation:	
MOBILE PHONE:		State of Incorporation:	
DESCRIPTION OF BUSINESS:		Federal ID #:	
If no FED ID include owner's SSN #:		D&B #:	

PREFERRED METHOD OF CONTACT (Please Check Applicable Boxes)

Email: _____ Business Phone: _____ Mobile Phone: _____ Text: _____ Other: _____

OWNER(S), PARTNER(S), OFFICER(S)

NAME (First, Middle Initial, Last)	SOC SEC NUM	TITLE	PHONE NO.

BANK REFERENCES:

BANK NAME _____ OFFICER: _____

MAILING ADDRESS _____

CHECKING ACCT. NO: _____ LOAN ACCOUNT: _____ SAVING ACCT: _____

BRANCH NAME & ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

OTHER: _____

SOUTH BEND ETHANOL LLC

TRADE REFERENCES

Please Provide 5 references to ensure a timely turn around on your application.

COMPANY NAME	MAILING ADDRESS (Street, City, State, Zip)	FAX NUMBER
ATT:		
ATT:		
ATT:		
ATT:		
ATT:		
ATT:		

PRODUCT INTERESTS (Please check)

Dried Distillers Grains _____ Food Grade Corn Oil _____

Wet Distillers Grains _____ Condensed Distillers Solubles _____

EST MONTHLY VOLUME/TON _____

EST YEARLY VOLUME/TON _____

INVOICE SEND METHOD (SELECT ONE) ___ EMAIL ___ FAX

Email address _____ Fax number _____

AUDITED FINANCIAL STATEMENTS (Please include with the credit application)

AGREEMENT

The undersigned Applicant hereby gives written authorization to South Bend Ethanol LLC (SBE) to contact bank and credit references disclosed on this application, as well as credit bureau and/or credit reporting agencies and to obtain from such entities information which SBE deems necessary to enable it to evaluate and/or update this application. The applicant also authorizes the references disclosed to release to SBE all information requested pertaining to the undersigned's accounts, business practices and credit history. The Applicant in this request for credit promises to pay all bills when rendered. In the event that payment is not timely and this account is referred for collection, the Applicant will pay for all costs incurred by SBE for collection costs of this account. Also the undersigned understands that interest charges resulting from any unpaid balance may be charged at the current rate established by SBE and permitted by law. If any suit or action must be initiated on behalf of SBE, the undersigned agrees to pay all reasonable court costs and attorney fees in said suit or action. It is agreed that the venue of such suit will be in the County of St Josheph, State of Indiana. The undersigned Applicant agrees to SBE's General Terms and Conditions on the trade confirmations, which are incorporated herein by reference; provided, however, if Buyer and South Bend Ethanol LLC enter into a separate written supply agreement, then the terms and conditions contained therein shall control.

SIGNATURE: _____ TITLE: _____ DATE: _____

*PLEASE EMAIL your fully completed form to:
derekgross@southbendethanol.com*

You may contact us @ 574-703-3360