

BioLite New Account Application



Each Sales channel will need to be approved before resale

Brick and Mortar Store

E-Commerce/Online Store

Years in Business:

Company Name:

Doing business as:

Website:

Billing Address:

Shipping Address:

Company phone:

How many store locations:

Estimated Annual Sales:

Credit Requested Amount:

Credit Terms Requested:

Contact Name:

Contact Email:

Contact Phone:

Accounts Payable Name:

Accounts Payable Email:

Accounts Payable Phone:

Other Contact Name:

Other Contact email:

Other Contact Phone:

For Biolite Use Only:

Date:

Sales Rep:

Territory:

Type of Business:

Sole Ownership:

Partnership:

LLC:

Corporation:

Other:

Do you have a vendor compliance Guide: Yes No

If yes, please send with application.

Owners Name:

Owners/Principle Name:

Title:

Title:



Trade references:

Please provide three trade references for your primary vendors.

Company 1 and account number:

Contact name:

Email address:

Phone:

Company 2 and account number

Contact name:

Email address:

Phone:

Company 3 and account number

Contact name:

Email address:

Phone:

The undersigned owners or business principle warrants that the information submitted in this credit application is true and correct. The Undersigned understands and agrees that upon being approved as a Biolite Account, it will only resell to authorized locations.

Biolite MAP policy Signed:

Biolite Authorized Reseller Terms and Conditions Signed:

Signed:

Printed Name:

Title:

Date:

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