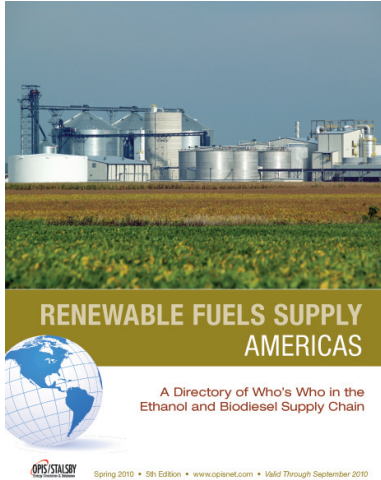


Take Advantage Of A Great Opportunity

To Be Listed **FREE** in the OPIS/STALSBY **Renewable Fuels Supply Americas Directory**

(Please list Corporate Headquarters information below)



Company Name \_\_\_\_\_

Corporate Headquarters Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

P.O. Box \_\_\_\_\_ P.O. City \_\_\_\_\_ P.O. Zip \_\_\_\_\_

Main Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Main Fax Number \_\_\_\_\_

Alternate Fax Number \_\_\_\_\_

Web Address \_\_\_\_\_

General E-Mail Address \_\_\_\_\_

**Please indicate the industry categories that the company listed above is involved in.  
Please note you can choose more than one category.**

<i>Company Category Options</i>	<i>Biodiesel</i>	<i>Ethanol</i>
Additive Company		
Banking/Financial		
BQ-9000 Certified Marketer		
BQ-9000 Certified Producer		
Brokers		
Consultants		
Enzyme Manufacturer	Not Applicable	
Equipment Suppliers		
Feedstocks		
Federal Agency		
Federal Policy Committee		
Foreign Associations		
Foreign Producers		
Marketer		
National Association		
Producer		
Rail Leasing		
Reseller		
Risk Management		
Software Management		
Testing/Inspection		
Traders		
Transportation Barge		
Transportation Rail		
Transportation Truck		

## Renewable Fuels Supply Americas - Personnel Information Section

### Please complete all the information requested below.

To add additional personnel, please make copies of the form below and complete it accordingly. You can list other office locations, however, you must list a contact person to go along with that location.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ Job Title \_\_\_\_\_

Is the person listed above the contact person to update ALL information each cycle? YES or NO

If NO, please provide the contact person's name \_\_\_\_\_

Office Name (*if different from main company name*) \_\_\_\_\_

Office Address \_\_\_\_\_

Office City \_\_\_\_\_ Office State \_\_\_\_\_ Office Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Office Fax \_\_\_\_\_

Work E-Mail \_\_\_\_\_

Alternate E-Mail (*if applicable*) \_\_\_\_\_

Instant Messenger ID \_\_\_\_\_

Instant Messenger Service Provider (*Yahoo, AOL etc.*) \_\_\_\_\_

**Once all the information requested has been completed,  
please fax these forms to 1-800-450-5864**

If you have any questions regarding this form please feel free to contact one of the following people listed below and we will be happy to assist you!

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