



Ethanol Station Membership Application

Date: _____ Name: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

_____ E85 or mid level blends Stations @ \$100/ea = \$

Method of Payment Check Credit Card

Credit Card Number: _____

Credit Card Type Visa Mastercard

Exp: _____

Discover American Express

Name exactly as it appears on card: _____

Signature: _____

Station information as you would like it to appear on e85refueling.com:

Station brand name _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone number: _____

Fuels Offered: E85 E10 E20 E30 E40

Additional notes: _____

Mail or fax the above information with payment to:

Growth Energy
17220 Wright Street, Suite 150 • Omaha, NE 68130
Phone: 402-932-0567 • Toll-free 877-485-8595 • Fax 402-932-1752

marketdevelopment@growthenergy.org