

ANTI-MONEY LAUNDERING PROGRAM

CUSTOMER / VENDOR INFORMATION SHEET

Company Name: _____

Type: Corporation Partnership Limited Liability Company Individual

Federal Tax ID Number: _____

Social Security Number _____

Business License Number _____

Drivers License Number & State _____

Address 1: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

Web Site: _____

Company Contact & Title: _____

E-Mail Address: _____

Bank Reference(s): _____

Commercial Reference(s): _____

Brief Description of Company's Business: _____

Is the Company required to have an Anti-Money Laundering Program? _____ does it? _____

Name of Compliance Officer: _____

Commercial Purpose of your business with Doral: _____

Signature & Title: _____ Date: _____

A government issued photo ID must accompany this application. Please email the completed form to info@DoralRefining.com or mail to Doral Refining, 533 Atlantic Ave, Freeport NY 11520