

Referral Intake Form

Contact De	tails						
Date*:		How di	How did you learn about us? *				
Contact Person*:		Compa	Company*:				
Street:			City:		State:	Zip:	
Phone*:			Email*:				
Referral De	etails						
Name*:				Farm*:	Farm*:		
Title:				Relations	Relationship:		
Location*:				Herd Siz	Herd Size*:		
Category*:	□ Farm interested in anerobic digestion + biogas upgrading plant combination □ Farm with existing anerobic digester and interested in biogas upgrading plant system □ Farm with existing digester looking to sell it or transfer portions of existing services □ Farm that owns their biogas facility that is interested in O&M □ Other (please describe):						
Notes:							
Please submit co	ompleted forms	to Sami Benz at ı	marketing@BIOFer	mEPC.com			
BIOFerm R	eview (to be f	filled out by BIO	erm)				
Accepted:		Yes	No		Expiration Date:		
Project Lead	Expires:						
BIOFerm Signature:							

Disclaimer: This is a mandatory form to be filled out sufficiently to be evaluated for registration of a referral for compensation. If this form is not completed sufficiently, nor signed by a qualified authorized BIOFerm representative, the referrer cannot claim any financial rights to the referral.