

| | |
|--|------------------------------------|
| Business Name (Legal name of Company): _____ | Number of Years in Business: _____ |
|--|------------------------------------|

| |
|---|
| Social Security Number/Federal I.D. Number: _____ |
|---|

| |
|---|
| Type of Entity: CORP SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC OTHER <input type="checkbox"/> |
| Officers: President _____ Vice President _____ |

YOUR BILLING ADDRESS AND COMPANY INFORMATION

| | | | |
|----------------|-------------|--------------|------------|
| Address: _____ | City: _____ | State: _____ | Zip: _____ |
|----------------|-------------|--------------|------------|

| | |
|---|---|
| Phone: _____ | Fax: _____ |
| Area Code: _____ Number: _____ Ext: _____ | Area Code: _____ Number: _____ Ext: _____ |

| | |
|-----------------------|---------------------------------------|
| E-Mail Address: _____ | Amount of Credit Requested \$ _____ K |
|-----------------------|---------------------------------------|

BANK INFORMATION

| | |
|-------------------------|---|
| Institution Name: _____ | Phone: _____ |
| | Area Code: _____ Number: _____ Ext: _____ |

| | | | |
|----------------|-------------|--------------|------------|
| Address: _____ | City: _____ | State: _____ | Zip: _____ |
|----------------|-------------|--------------|------------|

| | |
|-----------------------|---|
| Contact Person: _____ | Fax: _____ |
| | Area Code: _____ Number: _____ Ext: _____ |

| | |
|-----------------------|-------------------|
| Account Number: _____ | ABA Number: _____ |
|-----------------------|-------------------|

TRADE REFERENCE INFORMATION

| | |
|-----------------|---|
| Name (1): _____ | Phone: _____ |
| | Area Code: _____ Number: _____ Ext: _____ |

| | | | |
|----------------|-------------|--------------|------------|
| Address: _____ | City: _____ | State: _____ | Zip: _____ |
|----------------|-------------|--------------|------------|

| | |
|-----------------------|---|
| Contact Person: _____ | Fax: _____ |
| | Area Code: _____ Number: _____ Ext: _____ |

| | |
|-----------------|---|
| Name (2): _____ | Phone: _____ |
| | Area Code: _____ Number: _____ Ext: _____ |

| | | | |
|----------------|-------------|--------------|------------|
| Address: _____ | City: _____ | State: _____ | Zip: _____ |
|----------------|-------------|--------------|------------|

| | |
|-----------------------|---|
| Contact Person: _____ | Fax: _____ |
| | Area Code: _____ Number: _____ Ext: _____ |

| | |
|-----------------|---|
| Name (3): _____ | Phone: _____ |
| | Area Code: _____ Number: _____ Ext: _____ |

| | | | |
|----------------|-------------|--------------|------------|
| Address: _____ | City: _____ | State: _____ | Zip: _____ |
|----------------|-------------|--------------|------------|

| | |
|-----------------------|---|
| Contact Person: _____ | Fax: _____ |
| | Area Code: _____ Number: _____ Ext: _____ |

TERMS:

Should credit be granted by ReConserve of California-Stockton, Inc., all decisions with respect to the extension or continuation of credit shall be at sole discretion of ReConserve of California-Stockton, Inc. ReConserve of California-Stockton, Inc., may terminate or modify credit availability anytime at its sole discretion. The customer agrees to pay all expenses and fees, including reasonable attorney fees for collection or enforcement thereof.

I understand and agree that payments are due upon Receipt of Invoice and I further agree to pay interest at the rate of 1.5% per month on any invoices not paid within thirty (30) days.

I understand and agree that invoices will not be discounted unless agreed to separately in writing and signed by an officer of ReConserve of California-Stockton, Inc.

All sales less than \$1,000.00 will be C.O.D. by check made out to ReConserve of California-Stockton, Inc. at time of sale.

New customers must submit and sign a credit application and have credit approval prior to the first shipment, or pay C.O.D. with check on the first shipment and have credit approval before any other charges can be made. No shipments will be made to customers who are over their credit limit.

Customers over their credit limit must rectify the situation prior to further shipments or have an approved plan of action to be in compliance. This plan must be approved by an officer of ReConserve of California-Stockton, Inc.

AUTHORIZATION TO RELEASE INFORMATION:

The undersigned warrants the above information to be true and authorizes a complete and full investigation by ReConserve of California-Stockton, Inc. regarding the financial responsibility, indebtedness, character and reputation of the undersigned.

| | |
|---------------------|--------------|
| COMPANY NAME: _____ | DATE: _____ |
| BY: _____ | TITLE: _____ |
| SIGNATURE: _____ | |