



Recyclers of Food By-Products

www.ReConserve.com

Credit Application

Fill Out, Scan, And Return to
CDURDEN@RECONSERVE.COM

ReConserve of Illinois, Inc.

Attn: Cheryl Durden - Credit Department
2811 Wilshire Blvd., Ste. 410
Santa Monica, CA 90403
Phone: 310-458-1574 ext. 240

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

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

Type of Entity: CORP SOLE PROPRIETOR PARTNERSHIP LLC OTHER
Officers: President _____ Vice President _____

YOUR BILLING ADDRESS AND COMPANY INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Area Code: _____ Number: _____ Ext: _____ Fax: _____ 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 Illinois, Inc., all decisions with respect to the extension or continuation of credit shall be at sole discretion of ReConserve of Illinois, Inc. ReConserve of Illinois, 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 Illinois, Inc.
All sales less than \$2,000.00 will be by electronic transfer prior to pick up.
New customers must submit and sign a credit application and have credit approval prior to the first shipment, or pay by electronic transfer prior to pick up. 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 Illinois, Inc.

AUTHORIZATION TO RELEASE INFORMATION:

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

COMPANY NAME: _____ DATE: _____

BY: _____ TITLE: _____

SIGNATURE: _____