



Recyclers of Food By-Products

www.ReConserve.com

# Credit Application

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

**ReConserve of Texas, Inc.**

Attn: Credit Department  
2811 Wilshire Blvd., Ste. 410  
Santa Monica, CA 90403  
Phone: 310-458-1574 Ex: 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 Texas, Inc., all decisions with respect to the extension or continuation of credit shall be at sole discretion of ReConserve of Texas, Inc. ReConserve of Texas, 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 Texas, 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 Texas, Inc.  
The sale of animal feed on credit is subject to Chapter 188, Texas Agriculture Code. Failure to pay the agreed or reasonable charges for the feed may result in the attachment of a lien to the proceeds of the livestock for which the feed is used or the proceeds of the animal products produced from the livestock.

**AUTHORIZATION TO RELEASE INFORMATION:**

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

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_