

Credit Application

Fill Out, Scan, and Return to
CREDIT@RECONSERVE.COM

ReConserve of Indiana, Inc.

Attn: Credit Department
2811 Wilshire Blvd., Ste. 410
Santa Monica, CA 90403
Phone: 310-458-1574 ext. 200

Business Name (Legal name of Company): _____	Number of Years in Business: _____
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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: _____
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Phone: _____	Fax: _____
Area Code: _____ Number: _____ Ext: _____	Area Code: _____ Number: _____ Ext: _____

E-Mail Address: _____	Amount of Credit Requested \$ _____K
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BANK INFORMATION

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

Address: _____	City: _____	State: _____	Zip: _____
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Contact Person: _____	Fax: _____
	Area Code: _____ Number: _____ Ext: _____

Account Number: _____	ABA Number: _____
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TRADE REFERENCE INFORMATION

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

Address: _____	City: _____	State: _____	Zip: _____
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Contact Person: _____	Fax: _____
	Area Code: _____ Number: _____ Ext: _____

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

Address: _____	City: _____	State: _____	Zip: _____
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Contact Person: _____	Fax: _____
	Area Code: _____ Number: _____ Ext: _____

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

Address: _____	City: _____	State: _____	Zip: _____
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Contact Person: _____	Fax: _____
	Area Code: _____ Number: _____ Ext: _____

TERMS:

Should credit be granted by ReConserve of Indiana, Inc., all decisions with respect to the extension or continuation of credit shall be at sole discretion of ReConserve of Indiana, Inc. ReConserve of Indiana, 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 Indiana, 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 Indiana, Inc.

AUTHORIZATION TO RELEASE INFORMATION:

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

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