

Credit Application

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

ReConserve of Illinois, 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: _____	
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: _____	E-Mail Address: _____		
Account Number: _____		ABA Number: _____	
TRADE REFERENCE INFORMATION			
Name (1): _____	Phone: _____		
	Area Code: _____ Number: _____ Ext: _____		
Address: _____	City: _____	State: _____	Zip: _____
Contact Person: _____	E-Mail Address: _____		
Name (2): _____	Phone: _____		
	Area Code: _____ Number: _____ Ext: _____		
Address: _____	City: _____	State: _____	Zip: _____
Contact Person: _____	E-Mail Address: _____		
Name (3): _____	Phone: _____		
	Area Code: _____ Number: _____ Ext: _____		
Address: _____	City: _____	State: _____	Zip: _____
Contact Person: _____	E-Mail Address: _____		
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 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 reputa-tion of the undersigned.			
COMPANY NAME: _____		DATE: _____	
BY: _____		TITLE: _____	
SIGNATURE: _____			