



Recovery 1, Inc.

Application & Credit Agreement

1805 Stewart Street, Tacoma, WA 98421
 Ph: 253.627.1180 / FAX: 253.627.2231
 www.recovery1.com



All areas are required for open account approval. Please note; Incomplete applications will not be processed.

| | | | |
|---|---|-----------------------|---------|
| Company Name | | | Date |
| Physical Address | City/State | Zip Code | Phone # |
| Billing Address (If Different From Above) | City/State | Zip Code | Fax # |
| Legal Formation of Company - (must check one) | | | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC/Corporation <input type="checkbox"/> LLC/Partnership <input type="checkbox"/> LLC/Proprietorship | | | |
| Type of Business: | Date Incorporated: | Years in Business: | |
| UBI No.: | EIN No.: | Dun & Bradstreet No.: | |
| Contractors License No.: | Have you ever applied for credit under a different name?: | | |
| Credit Level Requested: | Approx. Monthly Wood Volumes (tons): | | |

Principal/Owner Information (required)

| | | |
|---------------------------------|---|-----------------|
| Name: | Title: | Telephone/Ext.: |
| Name: | Title: | Telephone/Ext.: |
| Accounts Payable Contact: | Title: | Telephone/Ext.: |
| Accounts Payable Email Address: | <i>Invoice Delivery Preference:</i> <input type="checkbox"/> E-mail (preferred) <input type="checkbox"/> Mail | |

Credit References (required)

| | | |
|------------------|----------------|----------|
| Name & Acct No.: | Telephone No.: | Fax No.: |
| Name & Acct No.: | Telephone No.: | Fax No.: |
| Name & Acct No.: | Telephone No.: | Fax No.: |
| Name & Acct No.: | Telephone No.: | Fax No.: |

Bank References (required)

| | | |
|-------|----------------|--------------|
| Name: | Telephone No.: | Account No.: |
| Name: | Telephone No.: | Account No.: |

Any additional comments that may assist us better in determining open account status: _____



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WASTE CERTIFICATION

The applicant hereby represents that the materials delivered to Recovery 1, Inc. will not contain hazardous waste, dangerous waste or asbestos. In the event that such wastes are delivered to Recovery 1, Inc., resulting in an abatement, the applicant will compensate Recovery 1, Inc. for reasonable costs to remove the contaminated material in accordance with the Washington Administrative Code.

Initials _____

CREDIT AGREEMENT

The applicant herein certifies that the information on the preceding page is true and correct. Applicant herein grants Recovery 1, Inc. permission to verify any and all statements herein provided. Applicant also understands and agrees to the following:

1. Applicant authorizes release of all credit and banking information necessary for approval of this request.
2. If credit is extended all invoices must be paid no later than 30 days from date of invoice.
3. If credit is extended, applicant authorizes release of all credit and banking information necessary for maintaining open account status.
4. Finance Charges of 1.5% per month, or \$5.00, whichever is greater, will be applied to all invoices 31 days and older and are due upon receipt of account statement.
5. Applicant agrees to pay all Legal fees, Attorney fees & Collection fees in the event that collection efforts become necessary.
6. Applicant agrees to pay cost of collection to the extent allowed by law for commercial accounts.
7. If this account is in default and is assigned to a collection agency for collection, then (customer) shall be liable for collection costs and fees including contingent collection fees charged by the collection agency in addition to the principle, interest at 18% per annum, and all other charges and fee's owing on the account. If legal action is commenced, then Washington law shall apply, (merchant) may place venue in the Superior Court of Pierce County, Washington and the prevailing party shall be awarded its taxable costs and reasonable attorney fees.
8. This Credit Agreement/Authorization shall be continuing without expiration and a photocopy or facsimile copy shall be given the same effect as the original.
9. Person signing below certifies that he/she is authorized to execute this Business Credit Application and Agreement on behalf of the Applicant.

Signature of Applicant
(Required)

Printed Name and Title of Signer
(Required)

Date

PERSONAL GUARANTEE

The undersigned, in consideration of credit being extended by Recovery 1, Inc. to the above named applicant for services, dump fees, and/or materials purchased, whether applicant or individuals, a limited liability company, a proprietorship, a corporation, or other entity, the undersigned does unconditionally, personally and individually guarantee payment of all amounts owed by the above named business, including interest, costs, and attorney's fees. The undersigned expressly agrees to the Credit Agreement referenced above. This guarantee shall be continuing and may not be canceled except by written notice actually received by the credit department of Recovery 1, Inc., in which case the cancellation shall apply only to those purchases made beginning the day following actual receipt of such notice. The undersigned guarantor hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, and demand for payment on applicant, protest and notice to undersigned guarantor of dishonor or default by applicant with respect to any security held by Recovery 1, Inc., extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor might otherwise be entitled and demand for payment under this guarantee. This guarantee is personal to the signer. Any notation of corporate capacity shall be taken as informational only and shall not affect the personal nature of the guarantee. The laws of Washington State shall govern this continuing guarantee and venue shall be in Pierce County and the undersigned consents to such jurisdiction.

Furthermore, the undersigned hereby consents to Recovery 1, Inc. use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal, proprietor and/or guarantor in connection with the extension or continuation of the business credit as contemplated by this credit application.

By signing here you are agreeing to be a personal guarantor.

Printed Name

Relationship/Title

Social Security Number

Home Address

City, State, Zip Code

Phone Number

Signature

Date