

# Application and Agreement for Credit

## Pacific Resource Recovery

Phone: (323) 261-7145 \* Fax: (323) 780-0078

3150 EAST PICO BOULEVARD, LOS ANGELES, CA 90023-3683

Please print or type. Please fill in all spaces completely. An incorrect application will result in a delay in processing your credit account.

Business name: \_\_\_\_\_ Date business started: \_\_\_\_\_  
Billing address: \_\_\_\_\_ Shipping address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_ City/state/zip: \_\_\_\_\_  
Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax number: ( \_\_\_\_\_ ) \_\_\_\_\_ A/P contact: \_\_\_\_\_  
Authorized purchasing agents: \_\_\_\_\_ Is a purchase order required? (circle): Y N  
Type of business (circle one): corporation partnership sole proprietorship If for resale, resale number: \_\_\_\_\_  
Legal owner(s) name: \_\_\_\_\_ Address: \_\_\_\_\_  
Social Security No.(s): \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

### TRADE REFERENCES

**1.** \_\_\_\_\_  
NAME STREET ADDRESS CITY STATE ZIP  
ACCOUNT NUMBER CONTACT NAME BUSINESS PHONE NUMBER FAX NUMBER

**2.** \_\_\_\_\_  
NAME STREET ADDRESS CITY STATE ZIP  
ACCOUNT NUMBER CONTACT NAME BUSINESS PHONE NUMBER FAX NUMBER

**3.** \_\_\_\_\_  
NAME STREET ADDRESS CITY STATE ZIP  
ACCOUNT NUMBER CONTACT NAME BUSINESS PHONE NUMBER FAX NUMBER

### BANK REFERENCE

Name of bank: \_\_\_\_\_ Checking account number: \_\_\_\_\_  
Bank address: \_\_\_\_\_ Savings account number: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax number: ( \_\_\_\_\_ ) \_\_\_\_\_

*I hereby notify the above-referenced banking institution that they are allowed to, and requested to, release any and all information to the above inquiring company, with regard to the above-referenced account(s).*

### SALE TERMS AND CONDITIONS

Terms are net 30 days from invoice date. A late charge of 1 1/2 % per month (18% per annum) will be applied to balances 30 days past due. If your account is placed with an attorney or collection agency, in addition to the balance and late charges due seller, you will also be responsible for collection costs, attorney fees and court costs.

The above information is for the purpose of obtaining credit and is warranted to be true. I (we) agree to pay all amounts due upon receipt of statement of account, or as otherwise expressly agreed. If the corporation fails to make payment, I (we) guarantee to pay all balances due seller. Authorization is hereby granted to investigate and verify the above information. Additional information may be written on the other side of this sheet or attached.

*Having read all of the above, please sign where indicated. If business is a corporation, two corporate officers must sign; if business is a partnership, all partners must sign.*

Business name: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_ Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_ Print name and title: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_ Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_ Print name and title: \_\_\_\_\_

After completion of this form, please send to: Credit Department, 3150 East Pico Boulevard, Los Angeles, CA 90023-3683