

an EcoLube Recovery LLC Company

Contact Name

Amount

Email

Phone Number

Customer Information and Application for Credit and Agreement

Please complete and return to: Credit Applications: <u>ar@ecoluberecovery.com</u>

GENERAL INFORMATION

Firm Name

Street Address

City, State, Zip

ELR USE ONLY: Sales Person __

___ Approved __

Legal Organization: Corp Proprietorship Partnership		FEIN/SSN	
If partnership or proprietors	ship, Name of partners or owners		
Nature of Business		Date Established	
LOCAL TRADE REFERENCE	ES		
Name	Contact	Name	
Street Address	Phone N	Number	
City, State, Zip	Email		
Name	Contact	Nome	
Street Address	Phone N		
City, State, Zip	Email	Aumber	
City, State, Zip	Ellidii		
Name	Contact	Name	
Street Address		Phone Number	
City, State, Zip	Email	Email	
Name Street Address		Number	
Street Address		Contact Name	
City, State, Zip	Phone N	Number	
with ELR. Applicant and/orclient agree	to provide ELR with a current financial statement if re-	credit and/or to update and reconfirm our existing account and balance quested. If credit is granted, we promise to pay all invoices within 15	
addition to all costs and expenses (includispute related to any portion of an invoid "COD" or "credit - hold status" until payrowe to Customer. Should credit privileg and credit functions of this firm are precase of suit or action, it shall take place litigate outside of Bellevue, King County	ding reasonable attorneys' fees and court costs) incuree, Customer agrees to pay the undisputed portion of ment for past due amount is received. ELR also reserves be denied, you may have the right to know why. Processed through headquarters in Bellevue, King Count in Bellevue, King County, WA at the option of ELR. Cury, WA. Applicants give their permission to ELR and/or its	26 per month (or the maximum allowed by law, whichever is less) in rred by ELR in collecting the overdue amount. If there is a good faith the amount owed. Accounts with past due balances will be placed or sets the right to offset such amount against any amount that ELR may obspective customer understands that all billing, accounts receivables by, WA. Consequently, it is understood and specifically agreed that in stomer specifically understands that they are waiving their right to agents to verify and/or supplement the information stated herein. By ng and business trade references that you have supplied on this form	
SIGNATURE:	PRINT NAME:	DATE:	
	Owner/Corporate Officers/Co-Partner/Authorized O	Company Representative	

__ Date __