



Open Credit Account Application
All sales will be Cash On Delivery
Pending credit application approval.

Office: 616.877.4709
 Fax: 877.820.2226
 Jeff Rylaarsdam: 616.826.8784
 Tony Van Dorp: 616.826.8770

Business Name: _____ Today's Date: ___/___, 20___

Billing Address: _____ City: _____ State: _____ Zip: _____

Delivery Address: _____ City: _____ State: ___ Zip: _____ Cell #: _____

Office Phone: _____ Fax: _____ E-mail: _____

Business start date: _____ Estimated Credit Needed: \$ _____ D & B # _____

Sales Tax Exemption Number (attach copy of certificate) _____ TAX ID: _____

Form of Business (check applicable):
 Sole Proprietorship Partnership
 Corporation/LLC Other _____

Are you a *subsidiary* of another company? No Yes -
 If yes, name and address of parent company _____

List: Principal Owners, Partners (if Partnership), Officers (if Corporation)

| Name | Address | City, State, Zip | Phone | Soc Security Num | Date of Birth | Title | % of Ownership |
|------|---------|------------------|-------|------------------|---------------|-------|----------------|
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| <u>Credit Reference Name/Contact</u> | <u>Date Established</u> | <u>City, State</u> | <u>Phone</u> | <u>Fax</u> |
|--------------------------------------|-------------------------|--------------------|--------------|------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

Bank References:

Bank Name: _____ Account Number: _____

Bank Official: _____ Title: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ FAX: _____

Credit Card Information: I hereby authorize Eco Green Supply, LLC to charge the following credit card for invoices that remain unpaid 45 days from the stated due date. (Circle One) MC VISA DISC

Name and Address on Card: _____

Credit Card #: _____ **Expiration Date:** _____ **Security Code:** _____

CREDIT AGREEMENT

The undersigned ("Customer") authorizes ECO GREEN SUPPLY ("Seller") to contact the references listed on any application or any other source to investigate Customer's creditworthiness, and authorizes any person or credit reporting agency to furnish to Seller any information that it may possess. Customer acknowledges that Seller is relying upon the information provided by Customer in determining whether to extend credit, and Customer warrants to Seller that the information Customer has provided is true and accurate.

Customer agrees to pay to Seller the full cost of each good/service provided within 30 days of the date of invoice. If Customer fails to pay such amount in full within 30 days, Customer agrees to pay, commencing 30 days following the date of invoice, a time-price differential of **18% per annum**, or the maximum amount allowed by law, whichever is less, on all amounts owed. **Customer agrees to pay all costs, including, but not limited to, reasonable actual attorney fees and/or court costs, incurred by Seller in the collection of Customer's account.** Customer agrees that venue for any litigation shall be proper in Kent County, Michigan. Customer waives any right to trial by jury. Regardless of venue, Michigan law shall govern this agreement.

By: _____ Signature _____ Its: _____ Dated _____

PERSONAL GUARANTEE(S)

(To be completed when the customer is a corporation or limited liability company)

In the event Customer fails to pay the full amount owed in full and on time, the undersigned individual(s) agrees to pay such amount plus all accrued interest and costs, including actual reasonable attorney fees and costs incurred in collection, immediately upon demand by Seller. The undersigned agrees that this guarantee is unconditional and that Seller may first proceed against the undersigned whether or not Seller takes any action against Customer. This guarantee is continuing and guarantees repayment of all present and future amounts owed to Seller, unless released in a writing signed by an authorized representative of Seller.

Name _____ Signature _____ SSN _____ Dated _____

Name _____ Signature _____ SSN _____ Dated _____

BUSINESS PURPOSE AFFIDAVIT – NON CORPORATE ONLY

(Complete when customer is an individual or partnership and the services or goods purchased are for a business purpose)

1. He/she/it is in the business of _____
2. The credit requested from Seller is for a business purpose.
3. The proceeds from the credit requested will be used for such a business purpose(s).

STATE OF MICHIGAN
COUNTY OF _____ Name: _____

On _____, before me personally appeared _____, being duly sworn acknowledges that he/she/it/they executed the same as his/her/its/their free act and deed.

Notary Public
_____ County, State of Michigan
Acting in _____ County
My Comm. Expires: _____

| | |
|-------------------|---|
| Approved By _____ | Account Number: _____ Sales Rep: _____ Credit Approved: \$ _____ Date: _____ |
|-------------------|---|