

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: _____

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

Business start date: _____ Estimated Credit Needed: \$ _____

Delivery Address: _____ City: _____ State: _____ Zip: _____

Delivery Person Contact: _____ Cell Phone: _____

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

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

<u>Credit Reference Name/Contact</u>	<u>Date Established</u>	<u>City, State</u>	<u>Email</u>	<u>Phone</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Credit Card Information: I hereby authorize Eco Green Supply, LLC to charge the following credit card for invoices that remain unpaid 30 days from the stated due date. (Circle One) MC VISA

Name of Card Holder as it appears on the Card: _____

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

Billing Address of Card: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder: _____ Printed Name: _____

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 _____ Title _____ Dated _____ Printed Name _____

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.

Signature _____ SSN _____ Dated _____ Printed Name _____

Signature _____ SSN _____ Dated _____ Printed Name _____

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