

Application for Credit with Product Recovery Management, Inc.

BUSINESS NAME (CUSTOMER NAME) _____
STREET ADDRESS _____
MAILING/BILLING ADDRESS (IF DIFFERENT) _____
CITY _____ COUNTY _____ STATE _____ ZIP _____
BUSINESS PHONE _____ FAX NO. _____ DATE BUSINESS STARTED (MO/YR) _____
FED TAX ID NO. _____ TAX EXEMPT NO. (Attach certificate) _____ STATE REGISTERED _____

Have you or any principal of the company or any that you/they have been principal in, filed bankruptcy?: YES NO

****If YES, please attach a brief synopsis of the nature of the bankruptcy****

Business entity type?(Attach W-9):

C Corporation S Corporation LLC (sole proprietor) LLC (partnership) LLC (S Corp) LLC (C Corp) Partnership

Are purchase orders required by your company?: YES NO

PRINCIPALS (OWNERS, OFFICERS, STOCKHOLDERS)

Additional Principals/Owners/Officers should be listed on an additional page

NAME _____ TITLE _____

STREET ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____

NAME _____ TITLE _____

STREET ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____

Product Recovery Management, Inc reserves the right to require personal guarantees before credit is issued.

BUSINESS CREDIT REFERENCES (Please complete all blanks)

Reference Phone/Fax/Email Years Open Terms High Balance

BANK INFORMATION

BANK NAME _____

ADDRESS _____ CITY / STATE _____ ZIP _____

PHONE _____ Fax _____ OFFICER TO CONTACT _____

The undersigned hereby authorizes Product Recovery Management, Inc., to conduct an investigation of applicant's credit history through credit reporting agencies of its choice, references given, or other sources that it considers desirable, with the understanding that its decision to grant or deny credit may be based in whole or in part on information obtained in the investigation. **TERMS OF PAYMENT:** Customer agrees to pay in full Product Recovery Management, Inc., within **30 days** of receipt of invoice or within a specified time period if agreed upon mutually in writing. Payment shall not be based upon customer receiving reimbursement from the state or other sources unless otherwise mutually agreed upon in writing. Invoices not paid by the due date on the invoice will be assessed a service charge of 1.5000% monthly on all past due invoices. In the event it should be necessary for Product Recovery Management, Inc. to resort to legal action to collect balances due, Customer agrees to pay all court costs and reasonable attorney fees expended by Product Recovery Management, Inc. in such action. Parties agree that jurisdiction for any disputes between parties shall be North Carolina State Court, Durham County, North Carolina.

Applicant agrees and acknowledges that, in the event credit is granted and an account opened, any and all purchases are subject to and conditioned upon Customer's full acceptance of Product Recovery Management, Inc. Terms of Payment as stated above.

DATE _____ CUSTOMER / APPLICANT'S SIGNATURE _____ (Officer, Owner, Partner)

Print Name: _____

Title: _____

Product Recovery Management, Inc.
200 20th Street * Butner, NC 27509-2443
Phone (919) 957-8890 Fax (919) 957-7230

PLEASE FAX THE SIGNED APPLICATION TO 919-957-7230 OR EMAIL TO
DANIELLE.ORTO@PRMFILTRATION.COM

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Personal Guarantee

In consideration for the granting of credit to _____, I / We hereby jointly and severally unconditionally guarantee to Product Recovery Management, Inc, its successors and assigns the full and prompt payment of any sums that become due to Product Recovery Management, Inc as a result of credit being issued to _____, and agree to be bound by all terms in the Credit Application.

Printed Name: _____(Guarantor)

Signature; _____(SEAL)

Address: _____

Printed Name: _____(Guarantor)

Signature; _____(SEAL)

Address: _____
