



FILTER RECYCLING SERVICES, INC. (F.R.S.)
PO BOX 449, COLTON, CALIFORNIA 92324
180 W. MONTE AVENUE, BLOOMINGTON, CA 92316
ar@filterrecycling.com PHONE 909-873-4141 FAX 909-873-4142

FRS Contact:

CUSTOMER APPLICATION

Legal Name of Business _____

Street Address _____

Mailing Address _____

Phone Number _____ Fax Number _____ E-Mail Address _____

Parent Company Name _____

Parent Company Address _____

Parent Company Phone Number _____ Fax Number _____

Legal Entity: Corporation LLC Partnership Sole Proprietorship

Corporation # _____ Federal Tax I.D. # _____

Type of Business _____ Date Established _____

Person Responsible for Payables _____ Phone Number _____

Authorized Purchaser/Buyer _____ Are PO's required? Yes No

Sole Proprietors

1. Attach copies of current and prior year Financial Statements.
 2. Attach copy of current Business License.
 3. Personal Guaranty must be signed for credit to be approved.
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Ownership

Principal Owner (1) Name/Title _____ SSN _____

Address, City, State, Zip _____

Principal Owner (2) Name/Title _____ SSN _____

Address, City, State, Zip _____

Type of Terms Requested:

Net 30 Monthly Credit Card Billing Individual Invoice Credit Card Billing C.O.D.

Amount of Monthly Credit Desired \$ _____

F.R.S. Primary Contact: _____

Please see Attached Credit Card Authorization Form.

Additional Information

Type of Work to be performed _____

Frequency

Weekly Monthly Quarterly Yearly Scheduled One Time Other: _____



Bank Reference

Primary Bank Name _____ Phone # _____

Address, City, State, Zip _____

Acct Name _____ Number _____ Type of Account _____

Secondary Bank Name _____ Phone # _____

Address, City, State, Zip _____

Acct Name _____ Number _____ Type of Account _____

Trade References

	Name	Address	City	State	Zip	Phone#
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Default Agreement

In the event an invoice issued by Filter Recycling Services, Inc. is not paid within the terms, (Terms: Established on Customer Application) all discounts will be immediately revoked, all unpaid invoices and future remittances will be recalculated using the prevailing fee structure.

Should it become necessary to pursue any delinquent obligation, the Company agrees to pay all costs and fees expended or charged as part of the cost of recovery. At our discretion, interest will be charged on delinquent accounts at the rate of 1.5% per month. In the event of a dispute or litigation between the parties, it is hereby agreed that Jurisdiction and Venue shall vest in San Bernardino County, California at the sole discretion of the Vendor. All other venues are hereby expressly waived.

Signed By _____ Title _____ Date _____

Printed Name _____

Personal Guaranty

The undersigned agrees to act as personal guarantor and co-signer to this agreement for all debts incurred both now and in the future for all monies owed by the Company, Organization, Persons or Corporation who have signed this application. Guarantor recognizes, understands and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed and outstanding to the Vendor and Guarantor hereby waives their subrogation or recovery rights.

Guarantor _____ Guarantor _____

Printed Name _____ Printed Name _____

Signature: Agent of Filter Recycling Services, Inc. _____



CREDIT CARD AUTHORIZATION

Company Name _____

Card Holder _____

Billing Address Street/P.O. Box _____

City _____ State _____ Zip Code _____

Credit Card: Visa MasterCard American Express

Credit Card# _____

Exp. Date _____ CVV/CVC Code _____

The back panel of most Visa/MasterCard cards contain the full 16-digit account number, followed by the CVV/CVC code. Some banks, though, only show the last four digits of the account number followed by the code. You can find your four-digit card verification number on the front of your American Express credit card above the credit card number on either the right or the left side of your credit card. **To aid in the prevention of fraudulent credit card use, we now require the 3 or 4 digit code on the front/back of your credit card.**

I, _____ authorize Filter Recycling Services, Inc. to charge my Credit Card for services performed on a Monthly or Individual Invoice .

Credit card processing fee may apply to past due accounts.

Card Holder Signature: _____ Date: _____