



P.O. Box 449
Colton, CA 92324
(909) 873-4141 (p), (909) 873 4142 (f)
www.filterrecycling.com

Customer Application FRS Contact:

Legal Name of Business: _____
Parent Company Name: _____
Contact Name: _____ Email Address: _____
Mailing Address: _____ Street Address: _____
City, State, Zip: _____ City, State, Zip: _____
Telephone Number: _____ Fax Number: _____
Accounts Payable Contact: _____ AP Email: _____
Authorized Buyer: _____ Are Po's Required: Yes: NO:
Legal Entity:
Corporation: LLC: Partnership: Sole Proprietorship:
Corporation#: _____ Federal Tax ID: _____
Principal Owner (1) Name/Title: _____
Address, City, State, Zip: _____ SSN: _____
Principal Owner (2) Name/Title _____
Address, City, State, Zip: _____ SSN: _____
Type of Terms Requested:
Net 30: Monthly CC Billing: Individual Invoice CC Billing: C.O.D:
Amount of Monthly Credit Desired: \$ _____

Banking and Trade References:

Name of Bank: _____ Account Name: _____
Address: _____ Account Number: _____
City: _____ Phone Number: _____
State, Zip: _____ Fax Number: _____
Trade Reference (1) Name: _____
Contact: _____ PH: _____ Fax: _____
Trade Reference (2) Name: _____
Contact: _____ PH: _____ Fax: _____
Trade Reference (3) Name: _____
Contact: _____ PH: _____ Fax: _____

Default Agreement:

Payment terms are COD, with a grace period of 30 days without neither interest nor finance charges being applied. In the event vendor (Filter Recycling Services, Inc) invoice is not paid within the terms 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 customer agrees to pay all costs and fees expended or charged as part of cost recovery. At the discretion of the vendor, 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.

Signature: _____ 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, Person or Corporation who have signed this application. Guarantor recognized, 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: _____