

**RECOLOGY OREGON COMPOST INC.**  
**DBA Nature's Needs**  
**CREDIT APPLICATION AND AGREEMENT**

Name of firm: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

At present location since: (date) \_\_\_\_\_ Year established: \_\_\_\_\_

Mailing Address: (If different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ownership  Corporation  Partnership  Proprietorship  Other  (explain) \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Description of business: \_\_\_\_\_

Fed Tax ID #: \_\_\_\_\_ Credit limit requested: \$ \_\_\_\_\_

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**CREDIT REFERENCES -Minimum of Three Open Accounts**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business \_\_\_\_\_

**CREDIT DISCLOSURE STATEMENT**

Applicant represents that all statements and information are true and correct and hereby authorize verification of the above items including, but not limited to the obtaining of a credit report and agrees to furnish additional credit references upon request.

**Payment Terms**

All Debts and other obligations of any kind, regardless of credit limit requested or extended, are subject to the terms and conditions of this Credit Application and Agreement. Written notification must be served on via facsimile and/or other expedited form of delivery such as Federal Express and/or UPS, and received by Nature's Needs, should applicant wish to limit services. Applicant's obligations under this Credit Application and Agreement shall remain in full force and effect for all indebtedness incurred prior to such written notice being received by Nature's Needs.

In the event credit is approved, payment is to be made within 30 days from the billing date. Customer agrees to pay 1.5% per month interest on all delinquent balances as well as a handling fee of \$40.00 for each returned check, EFT or credit card payment. Customer agrees to pay any and all collection costs and related legal fees incurred by Nature's Needs, to collect amounts owed to it by Customer and/or by the undersigned. Any modification to the terms of this Credit Application and Agreement must be in writing and signed and approved by Nature's Needs before any such modifications takes effect.

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_