

CREDIT APPLICATION: St. Louis Composting, Inc. 39 Old Elam Avenue, Valley Park, MO 63088

•Tel 636.861.3344

• Fax 636.861.5925 •www.stlcompost.com

Business web-site: _____

Name of Customer		DBA		Phone ()		Fax ()	
Billing Address			City		State		Zip
Physical Address			City		State		Zip
Federal Tax ID No.		Sales Tax Exempt No <input type="checkbox"/> Yes* <input type="checkbox"/> *attach certificate		P.O. Required Yes <input type="checkbox"/> No <input type="checkbox"/>		Credit Amount Requested (per year) \$_____	

Type of Ownership:

- Sole Proprietorship
 Partnership
 Corporation
 Limited Liability Company
 Other (please specify): _____

Principal's Name		Title		% Ownership		Phone No.	
Home Address		City		State		Zip	
Principal's Name		Title		% Ownership		Phone No.	
Home Address		City		State		Zip	

Bank References

Bank Name		Address		City, State		Zip	
Officer		Checking Acct. No.		Savings Acct. No.		Phone ()	

Trade References

Company Name	Address		Contact/Title	Phone	Fax
Company Name	Address		Contact/Title	Phone	Fax
Company Name	Address		Contact/Title	Phone	Fax

Accounts Payable

A/P Contact Name	A/P Telephone	A/P Fax	A/P Email Address	
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Name(s) of Authorized Buyer(s) (attach additional sheet if necessary)*

*St. Louis Composting, Inc. will not be responsible or liable for verifying authorized buyers of Customer.

Has Customer and/or Customer's owner(s) filed for bankruptcy within the past 7 years: Yes No

If Yes: Name of Debtor: _____ Date: _____ District: _____

Is Customer currently involved in any suits, liens, judgments, or any pending legal actions? : Yes No

If Yes, please explain: _____

~over~

Initial _____

Terms: 10th day after the end of the month
Finance Charge: 1.5%/month (18%APR)

Past due accounts are subject to C.O.D., hold and/or termination of credit account

In the event Customer does not make timely payment and St. Louis Composting, Inc. commences any action(s) or in any manner seeks to enforce the terms of this Credit Application, all invoice amounts shall become immediately due and payable and Customer and/or Personal Guarantor shall pay all amounts due, in addition to late fees, collections/enforcement costs and reasonable attorney fees associated with such collection/enforcement efforts.

This document is governed by the laws of the state of Missouri.

On behalf of Customer, the undersigned:

- (i) represents and warrants that
 - (a) he/she has the proper authority to enter into this Credit Application/Agreement on behalf of Customer; and
 - (b) the information contained in this Credit Application is true and complete and made for the purpose of obtaining credit.
- (ii) agrees to pay this account in accordance with the credit terms set forth in this Credit Application;
- (iii) authorizes St. Louis Composting, Inc. to investigate and receive such information as may be required to confirm Customer's credit record/history;
- (iv) grants all credit reporting entity(s) the right to rely on any reproduction of this Credit Application made by reliable means (i.e. – facsimile, photocopy, scanned and emailed);
- (v) understands and agrees that this Credit Application shall become a binding and valid Agreement upon approval of and acceptance by St. Louis Composting, Inc.

Customer Acknowledgement and Agreement:

Signature	Name Printed	Title	Date

Personal Guarantee

In consideration for the extension of credit to Customer, I/we jointly and severally personally guarantee the payment on demand of all amounts of Customer for past, present and future debts to St. Louis Composting, Inc. as well as all late fees, collections/enforcement costs and reasonable attorney fees associated with such collection/enforcement efforts. I/we hereby waive notice of default and non-payment and consent to any modification and/or renewal of the terms of this Agreement. I/we grant permission to St. Louis Composting, Inc. to investigate my/our personal credit record/history to determine overall viability of a credit account with Customer.

Personal Guarantor(s) Acknowledgement and Agreement:

Signature	Name Printed	Residence Address	Date

Approval: _____
Date: _____
Credit Limit: _____

Initial _____

Authorization to Release Information:

The undersigned hereby authorizes banking institutions, creditors and credit reporting entity(s) to release information in connection with the undersigned's credit record/history and current/previous accounts. The undersigned grants all banking institutions, creditors and credit reporting entity(s) the right to rely on any reproduction of this Authorization to Release Information made by reliable means (i.e. – facsimile, photocopy, scanned and emailed).

Customer	Address	City, State	Zip
Authorized Signature	Name Printed	Title	Date

Please remit credit information to:

**St. Louis Composting, Inc.
39 Old Elam Avenue
Valley Park, MO 63088
Attn: Controller
Tel 636.861.3344
Fax 636.861.5925**

Initial _____