



**ST. LOUIS  
COMPOSTING**  
*Enriching the Soil Naturally Since 1992*

**CREDIT APPLICATION**

**39 Old Elam Avenue  
Valley Park, MO 63088**  
Tel 636.861.3344 | Fax 636.861.5925

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 (revolving) \$ _____
Business Website Address:				

**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 **\*\*EMAIL OR FAX IS REQUIRED****

Bank Name	Address	City, State	Zip
Officer	Checking Acct. No.		Savings Acct. No.
E-Mail**	Phone ( )	Fax**	

**Trade References **\*\*EMAIL OR FAX IS REQUIRED****

Company Name	Address	Contact Name /Title
E-Mail**	Phone	Fax**

Company Name	Address	Contact/Title
E-Mail**	Phone	Fax**

Company Name	Address	Contact/Title
E-Mail**	Phone	Fax**

Initial \_\_\_\_\_

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

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

See additional pages for terms

Initial \_\_\_\_\_

Terms: Net 20 days from invoice date.

Finance Charge: 1.5%/month (18%APR). Finance charges will accrue Net 30 days from invoice date.

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
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**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
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Approval: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_

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## 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).

<b>Customer</b>	<b>Address</b>	<b>City, State</b>	<b>Zip</b>
<b>Authorized Signature</b>	<b>Name Printed</b>	<b>Title</b>	<b>Date</b>

**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 \_\_\_\_\_