

CONFIDENTIAL

Send to: Credit and Collection Department

Email: arinbox@gchi.com

Fax: (803) 335-5376

GRR! CREDIT APPLICATION

Date _____

A. APPLICANT

Legal Business Name _____
(List all Trade Names, DBA's and specify any Divisions or Subsidiaries)

Street Address _____ City _____ State _____ Zip _____ Mailing

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Estimated Annual Sales _____ Person to contact about account _____

Amt. of Credit Req. \$ _____ Type of Business _____ How Long in Business _____

B. BUSINESS INFORMATION

FEIN (Federal Tax Identification No.) (if applicable) _____ or SS# _____

DUN & BRADSTREET No. (if applicable): _____ State of Incorporation: _____

Sole Proprietorship _____

Partnership Partner _____
Partner _____

Corporation/LLC (Circle one) President/Member _____ Vice President/Member _____
Secretary/Member _____ Treasurer/Member _____

Other: LP / LLP / Joint Venture / Trust
Principal/Partner/Trustee _____
Principal/Partner/Trustee _____

Broker _____

Sales Tax Exemption Certificate Yes No (if yes, enclose signed certificate or copy)

C. BANKING INFORMATION

Bank _____ Phone _____

Address _____ City _____ State _____ Zip _____

Officer Contact _____ Acct. No. _____ Type of Acct. _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

Signature _____ Date _____

D. TRADE REFERENCES (Please provide three references)

<u>Name</u>	<u>Phone No.</u>	<u>Email Address</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

E. APPLICANT PROVIDES SERVICES TO THE FOLLOWING GRR! ENTITIES (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Giant Resource Recovery, Inc. | <input type="checkbox"/> Giant Resource Recovery-Attalla, Inc. |
| <input type="checkbox"/> Giant Resource Recovery-Harleyville, Inc. | <input type="checkbox"/> Giant Resource Recovery- Sumter, Inc. |

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E. CONTACT INFORMATION (Please provide full name, phone number, and email address)

<u>Name</u>	<u>Phone No.</u>	<u>Email Address</u>
CFO/Controller: _____		
A/P Manager: _____		
Purchasing Manager: _____		
Accounting Manager: _____		

WARRANTY AND AUTHORIZATION: The preceding information is for the purpose of obtaining credit and is warranted to be true. The undersigned hereby authorizes Giant Resource Recovery, Inc. and its subsidiaries (collectively, “**GRR**”) to investigate all references and customary credit information sources including consumer credit reporting repositories (*see* Consent to Obtain Consumer Credit Report below) regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Should credit availability be granted by **GRR** to the undersigned, all decisions with respect to the extension or continuation of this credit shall be at the sole discretion of **GRR**. When requested, the undersigned agrees to provide annual financial information to properly substantiate the continuation of credit extension as required by **GRR**.

CONFLICT OF TERMS: No terms or conditions contained in any purchaser order, offer, writing or other communication to **GRR** shall be valid and binding upon **GRR** unless agreed to in writing by an authorized representative of **GRR** or is identical to the written terms and conditions of **GRR**.

CREDIT TERMS: The undersigned agrees to pay **GRR** within thirty (30) days of being invoiced, unless otherwise agreed to in writing. Invoiced amounts shall include all applicable taxes. The undersigned waives the right to challenge the propriety of and/or the charges made for products, services and expenses on any statement of billing unless **GRR** receives a specific written complaint within thirty (30) days from the date of billing. Invoices outstanding for forty-five (45) days will accrue an interest charge of 18% per annum (1.5% per month).

VENUE: All amounts due for purchases from **GRR** are payable in U.S. dollars. It is further understood that this application is governed by the internal laws (but not the conflict laws) of the state of South Carolina, and the undersigned agrees that any collection action or lawsuit of any type may be filed in any court of competent jurisdiction in South Carolina, in **GRR**’s discretion.

CHANGE OF OWNERSHIP: The undersigned understands that it must notify **GRR** in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established , within thirty (30) days of the date such change is effective.

EVENT OF DEFAULT: The undersigned acknowledges that in the event of default, including payment default (defined as payment received beyond the terms as designated on invoices), **GRR** reserves the right to take any and all of the following actions: (a) impose a suspension of service; (b) reduce the credit limit; (c) conduct a credit investigation of the business entity which will require updated trade and bank reference information; (d) require financial statements to clarify the customer’s financial status; (e) require some type of security such as a UCC-1/Purchase Money Security Agreement, Cross-Corporate Guarantee, Personal Guarantee or Letter of Credit; (f) require immediate payment of the account balance in full; or (g) revoke open account terms.

COLLECTION AND ATTORNEY’S FEES: In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney’s fees, and/or costs of collection, whether or not suit is filed.

CERTIFICATE OF USE: The undersigned certifies that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

AUTHORITY OF SIGNATURE AND TITLE: The person executing this application has the authority to bind the customer and is authorized by the customer to enter into the credit application terms and conditions:

_____	_____	_____
Sign Name	Print Name	Title
_____	_____	_____
Sign Name	Print Name	Title

