



NEW CLIENT INFORMATION/
CREDIT APPLICATION

ConservCo Water Conservation Products, LLC
550 W. Plumb Lane, Suite B-147, Reno, NV 89509
Phone (775) 747-3333 -- Fax (860) 540-8762

Company Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State _____ Zip _____

Year Established: _____ Present Location Since: _____ Nature of Business: _____

URL (http://www.yourbusiness.com): _____ email: _____

Resale # _____ (circle one) Sole Proprietorship - Partnership – Corporation Tax ID # _____

OWNERS, OFFICERS, PARTNERS (home address)

Name: _____ Address: _____ Phone: _____

City: _____ State: _____ Zip _____ SSN#: _____

Name: _____ Address: _____ Phone: _____

City: _____ State: _____ Zip _____ SSN#: _____

ACCOUNTS PAYABLE CONTACT

Name: _____ Address: _____ Phone: _____

City: _____ State: _____ Zip _____ Fax: _____

BANKING REFERENCES

Bank Name: _____ Contact: _____ Phone: _____ Fax: _____

Branch: _____ Account Type: _____ Account#: _____

Bank Name: _____ Contact: _____ Phone: _____ Fax: _____

Branch: _____ Account Type: _____ Account#: _____

TRADE REFERENCES

Company: _____ Address: _____ Contact _____

City: _____ State: _____ Zip _____ Phone: _____ Fax: _____

Company: _____ Address: _____ Contact _____

City: _____ State: _____ Zip _____ Phone: _____ Fax: _____

I agree to pay my account in accordance with your regular terms. I further agree to pay a service charge of 1-1/2% per month, which is an annual rate of 18% on all overdue balances. In the event suit is necessary for ConservCo to recover payment, I will pay attorney fees and costs including fees for appeal. I further agree that in the event my company cannot meet its financial obligation to ConservCo, I will be personally responsible.

AUTHORIZATION: Each person or entity signing this application certifies that all information provided is true and complete and authorizes ConservCo to 1) obtain credit information about Signer, 2) obtain credit reports and make any inquiries about such, 3) share collection information with Signer’s other creditors, and 4) disclose account information as required by law.

REQUIRED SIGNERS: This application must be signed as follows: CORPORATION, the President or the Chairman of the Board or any Vice President and one of the following: Secretary, Asst. Secretary, Chief Financial Officer or Asst. Treasurer; PARTNERSHIP, all general partners; SOLE PARTNERSHIP, the owner; LIMITED LIABILITY COMPANY, all members or managers; UNINCORPORATED ASSOCAITON, all members.

X _____
Authorized Signature _____ Print Name _____ Title _____ Date _____

X _____
Authorized Signature _____ Print Name _____ Title _____ Date _____