



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 ASSOCIATION, all members.

X \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_