



**Customer Information and
Application for Credit and Agreement:**

Please complete and return to: **3617 W Cambridge Av, Suite F
PHOENIX, AZ 85009-1353, Attn: Credit Manager
(602) 477-8620, FAX (602) 272-2113**

GENERAL INFORMATION

Firm Name	Contact Name
Street Address	(Area Code) Phone Number
City, State, Zip	Fax Number
Legal Organization: Corporation Proprietorship Partnership	FEIN/SSN
If partnership or proprietorship, Name(s) of partners or owner	
Nature of Business	Date Established

Please attach current certified financial statements that become a part of this application.

LOCAL TRADE REFERENCES

Name	Contact Name
Street Address	(area Code) Phone Number
City., State, Zip	Fax Number
Name	Contact Name
Street Address	(Area Code) Phone Number
City, State, Zip	Fax Number
Name	Contact Name
Street Address	(Area Code) Phone Number
City, State, Zip	Fax Number

BANK REFERENCES

Name	Account Number
Street Address	Contact Name
City, State, Zip	(Area Code) Phone Number

AGREEMENT

We herein make application to THERMO FLUIDS, INC. for credit and/or to update and reconfirm our existing account and balance with THERMO FLUIDS, INC. Applicant and/or client agree to provide THERMO FLUIDS, INC. with a current financial statement if requested. If credit is granted, we promise to pay all bills when rendered. Should credit privileges be denied, you may have the right to know why. In the event, payment is not made and this account is referred for collection, we agree to pay cost of collection equal to a minimum amount of thirty-five percent of the principal amount. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Applicant also agrees to pay interest and finance charges at the highest rate authorized by law. Prospective customer understands that all billing, accounts receivables and credit functions of this firm are processed through headquarters in PHOENIX, MARICOPA COUNTY, AZ. Consequently, it is understood and specifically agreed that in case of suit or action, it shall take place in PHOENIX, MARICOPA COUNTY, AZ at the option of THERMO FLUIDS, INC. Customer specifically understands that they are waiving their right to litigate outside of PHOENIX, MARICOPA COUNTY, AZ. Applicants give their permission to THERMO FLUIDS, INC. and/or its agents to verify and/or supplement the information stated hereon.

BY: _____
Owner/Corporate Officers/Co-Partner

TFI USE ONLY: Sales Person _____ Customer Number _____
Terms _____ Approved _____ Date _____ Amount _____



Account Agreement

In consideration of **Thermo Fluids, Inc. ("TFI")** permitting the purchase of services to the undersigned ("**Applicant**"), applicant agrees to the following terms and conditions.

1. The person(s) signing this agreement warrant and represent that they have full authority to enter this credit agreement on behalf of the applicant.
2. Applicant agrees to pay, at the remittance address shown on the invoice, for all services from TFI within 10 days of the purchase of services as indicated by the invoice date.
3. Applicant agrees to pay a late charge on all amounts due TFI which have not been paid within 10 days of the date of the purchase of services. The late charge will equal 1½% of the past due balance. The late charge will be charged on the 31st day following the purchase of services; and additional charges, computed on the same basis, will be made each month thereafter until applicant's account is paid in full. Waiver of any one or more late charges shall not be deemed a waiver of future late charges.
4. This agreement may be terminated at will by TFI without notice or demand.
5. Applicant warrants that all services purchased under this agreement will be for business purposes solely. It is not personal or household uses, and that this is not a consumer credit contract within the meaning or federal or applicable state statutes.
6. If any account has an undisputed unpaid balance not paid by the 30th day following the date of purchase, the account will be places on "COD" or "credit hold status" until payment for past due amount is received. If TFI employs attorneys to secure payment of any sums due from applicant, applicant will pay a reasonable attorney fee and associated cost in addition to all other amounts due.
7. In case of any change in character or the ownership of the applicant's business by incorporation, or otherwise, by addition of partners, or by change in ownership of the corporation. The applicant shall immediately notify TFI in writing to Thermo Fluids, Inc. at 4301 W. Jefferson Street, Phoenix, AZ 85043 by certified mail, return receipt requested.

Agreed:

(Name of Business)

Date: _____ By: _____ Title: _____
(Name- Please Print)

Signed: _____
(Signature of Above)

The undersigned guarantees performance of this agreement by Applicant

Date: _____ By: _____ Title: _____
Guarantor signature required



The Responsible Solution

3617 W. CAMBRIDGE AVE, SUITE F
PHOENIX, AZ 85009-1353
(602) 477-8630, (602) 272-2113 fax

Direct Line: (602) 477-8620

(888) 834-2228

e-mail - btomasello@thermofluids.com

CUSTOMER PROFILE SHEET

Business Name _____

A/P Contact _____

Billing Address _____

City, State, Zip +4 _____

Phone Number _____ Fax Number _____

Ship To Address _____ ZIP _____

Service Contact _____ PHONE _____

Please list any additional locations that will bill to this address:

Do you require Purchase Order Numbers? _____ -

Do you wish to have an account set up or would you prefer to be COD? A/R _____ COD _____
(If you choose COD, it is not necessary to fill out the credit application)

Table with 4 columns: Products You Will Generate, Approx Gallons, Tank or drums, frequency. Rows include Waste Oil, Spent Anti Freeze, Used Oil Filters, Waste Water, Other, Burner Fuel.

FOR OFFICE USE ONLY

Approved by: _____

Date: _____

Credit Limit: _____

Terms: _____