

Credit Application

APPLICANT INFORMATION						
Account name:		Contact person:		Phone:		Fax:
Billing address:		City:		State:		ZIP:
Shipping address:		City:		State:		ZIP:
Payment cycle:		Amount of Credit		t of Credit		
E-mail address:				limit requested:		
Federal Employer ID:			Social Security Number:			
□ Corporation □ Partnership □ Individual □ Other						
Please note: If Corporation, please give Federal ID # or if individual please give Social Security Number (if applicable)						
Sales Tax status: Exempt Non-Exempt			Resale Certificate Number (if applicable):			
Company Purchase Orders: Ves No						
Authorized buyer(s):						
Name/Title:						

PLEASE PROVIDE TWO CREDIT REFERENCES; CREDIT REFERENCE 1				
Account name:	Contact person:	Phone:	Fax:	
Billing address:	City:	State:	ZIP:	
Account number:	Number of years:			

CREDIT REFERENCE 2						
Account name:		Contact person:	Phone: F		Fax:	
Billing address:		City:	State:		ZIP:	
Account number:		Number	of years:			

FINANCIAL INFORMATION					
Financial institution:	Contact person	:	Contact number:		
Address:	City:		State:	ZIP:	

FOR COMPANY USE ONLY				
Application date: Verified by:		Date approved:		
Account number assigned:		My Metal payment terms:		

Please fax the completed and signed form to 575-763-1897



My Metal P.O. Box 5399 Clovis, NM 88102 575-763-2662

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize My Metal, a division of Renovar Energy, Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories 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: Statements are rendered as net 30 days. C.O.D. restrictions may be placed on any past due account.

Credit Terms: All invoices are due net 30 days. A service charge of 1.5% per month, or (18% annually).

Venue: All amounts due for purchases from My Metal are payable at 1379 US Hwy 60/84 Clovis, NM 88101 or may be mailed to P.O. Box 5399 Clovis, NM 88102. It is further agreed that this agreement is entered into in the State of New Mexico and is governed by the laws of the State of New Mexico.

Change of Ownership: I/We understand that we must notify My Metal 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.

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

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

Firm Name_____

By:_____Title_____