

NORTH EAST TREATMENT, LLC  
CREDIT AND ACCOUNT APPLICATION

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

TYPE OF BUSINESS CORP. LLC PARTNERSHIP SOLE PROPRIETORSHIP (CIRCLE)

FEDERAL ID# \_\_\_\_\_ YEAR BEGAN \_\_\_\_\_

**OWNER(S) OR OFFICER(S)**

NAME/TITLE HOME ADDRESS HOME TELEPHONE

NAME/TITLE HOME ADDRESS HOME TELEPHONE

NAME/TITLE HOME ADDRESS HOME TELEPHONE

**TRADE/SUPPLY REFERENCES**

NAME ADDRESS TELEPHONE

NAME ADDRESS TELEPHONE

NAME ADDRESS TELEPHONE

**BANK REFERENCES**

BANK NAME ACCOUNT TYPE TELEPHONE

BANK NAME ACCOUNT TYPE TELEPHONE

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THE UNDERSIGNED/APPLICANT AGREES TO THE FOLLOWING TERMS AND CONDITIONS:

THIS IS AN APPLICATION FOR AN ACCOUNT WITH NORTH EAST TREATMENT, LLC WITH OPEN ACCOUNT PAYMENT TERMS. CHARGES INCURRED ARE DUE UPON RECEIPT OF INVOICE UNLESS OTHERWISE AGREED TO IN WRITING.

CHECKS RETURNED FOR NONPAYMENT WILL INCUR A PROCESSING FEE OF \$25.00 PER CHECK. IT IS AGREED THAT A FACSIMILE OR ELECTRONIC VERSION OF THIS DOCUMENT WILL HOLD THE SAME EFFECT AND FORCE AS A SIGNED ORIGINAL.

THE INDIVIDUAL SIGNING BELOW GUARANTEES PAYMENT OF INVOICES AND ANY OTHER CHARGES INCURRED UNDER THIS ACCOUNT, AND ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES.

SHOULD APPLICANT/UNDERSIGNED DEFAULT WITH RESULTING COLLECTION, LEGAL OR ARBITRATION ACTION AND IF NORTH EAST TREATMENT, LLC IS THE PREVAILING PARTY IN SUCH ACTION, APPLICANT/UNDERSIGNED AGREES TO PAY ALL COSTS ARISING FROM SUCH ACTIONS.

ANY LIMITATIONS OF PEOPLE AUTHORIZED TO UTILIZE THIS ACCOUNT SHOULD BE PROVIDED IN WRITING TO NORTH EAST TREATMENT, LLC, AS WELL AS ANY CHANGES IN OWNERSHIP OR STYLE OF BUSINESS APPLICANT.

THIS INFORMATION IS PROVIDED FOR PURPOSE OF OBTAINING AN ACCOUNT AND CREDIT AND IS WARRANTED TO BE TRUE AND ACCURATE. THE UNDERSIGNED AUTHORIZES AN INVESTIGATION INTO THE CREDIT WORTHINESS OF THE APPLICANT AND FURTHER AGREES TO THE DISSEMINATION OF CREDIT INFORMATION ABOUT THE APPLICANT TO INQUIRING SOURCES AND CREDIT REPORTING AGENCIES.

RFID READERS WILL BE GIVEN TO EACH CUSTOMER, FOR GATE ENTRY AND SCALE (WEIGHT) OPERATION. RFID REPLACEMENT IS CUSTOMER RESPONSIBILITY.

IN THE EVENT THE TOTAL AMOUNT OF YOUR BILL IS NOT PAID WITHIN THIRTY (30) DAYS, THERE WILL BE A 3% INTEREST CHARGE ADDED.

ANY LEGAL ACTION WILL BE CONDUCTED IN VOLUSIA COUNTY AT YOUR EXPENSE.

NORTH EAST TREATMENT, LLC RESERVES THE RIGHT TO CHANGE THE TERMS AND CONDITIONS OF THIS AGREEMENT AT ANY TIME WITH WRITTEN NOTICE PROVIDED TO THE CUSTOMER IN ADVANCE.

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YOUR COMPANY NAME

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DATE

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AUTHORIZED SIGNATURE

PRINTED NAME AND TITLE

(THIS APPLICATION SHOULD BE SIGNED BY AN OFFICER OR OWNER)