

● East Coast Recycling, Inc. ● Treasure Coast Recycling, Inc. ● Recycling Rocks, LLC. ●

4880 Glades Cut-off Rd,  
Fort Pierce, FL 34981

Office: (772)461-5833 Fax: (772)595-0009

[Bookkeeping@ECRFL.com](mailto:Bookkeeping@ECRFL.com)  
[Bookkeeping@recyclingrockslc.com](mailto:Bookkeeping@recyclingrockslc.com)



## CHECK ACCEPTANCE FORM

This form is to be completed for check approval. This information will not be used to extend credit.

### BUSINESS CONTACT INFORMATION

|  |  |  |  |
|--|--|--|--|
| Title  |  | Date business commenced  |  |
| Legal Company name                                 |  | <input type="checkbox"/> Sole proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Other |  |
| Phone   Fax  |  |  |  |
| E-mail   |  |  |  |
| Registered company address<br>City, State ZIP Code |  |  |  |
| Tax Exempt   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes, attach FL annual Resale Certification |  |  |

### BUSINESS AND CREDIT INFORMATION

|                              |  |  |   |
|------------------------------|--|--|---|
| City, State ZIP Code         |  | Bank name:                                       |   |
| How long at current address? |  | Primary business address<br>City, State ZIP Code |   |
| Phone                        |  | Phone  |   |
| Fax                          |  | Account number                                   |   |
| E-mail                       |  | Type of account                                  | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |

### PERSONAL, OWNER, PARTNERS, OR CORPORATE OFFICERS

|                                 |  |        |  |
|---------------------------------|--|--------|--|
| Company name                    |  | Phone  |  |
| Title                           |  | Fax    |  |
| FL DL #                         |  | E-mail |  |
| Federal ID if applicable (FEIN) |  | Other  |  |
| Company name                    |  | Phone  |  |
| Title                           |  | Fax    |  |
| FL DL #                         |  | E-mail |  |
| Federal ID if applicable (FEIN) |  | Other  |  |

### AGREEMENT

Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within thirty days of any change in style of business organization, financial condition or controlling ownership. Applicant agrees to pay all costs of collection including attorney fees. **Personal and Continuing Guarantee**

In consideration of checks being accepted by East Coast Recycling, Inc., Treasure Coast Recycling, Inc., and Recycling Rocks, Llc. to the aforementioned applicant for merchandise to be purchased, whether applicant be an individual, a proprietorship, a corporation or other entity, the undersigned Guarantor hereby unconditionally and irrevocably guarantees the payment and performance of all of applicant's obligations including without limitation, the payment of all invoices and all accounts for purchases of said applicant. This guarantee is a guarantee of

payment and performance and not of collection. The liability of the Guarantor shall not be affected or exonerated by the insolvency, bankruptcy, or reorganization of applicant nor by the sale of other disposition of applicant's assets. This guarantee may not be modified or amended without the prior written consent of East Coast Recycling, Inc., Treasure Coast Recycling Inc., and Recycling Rocks, Llc., The Guarantor and East Coast Recycling, Inc., Treasure Coast Recycling Inc., and Recycling Rocks, Llc., agree that the governing law of any rights issues or disputes arising hereunder shall solely be the law in the State of Florida, and venue shall exclusively lie in Saint Lucie County.

| SIGNATURES           |  |           |  |
|----------------------|--|-----------|--|
| Individual Guarantor |  | Signature |  |
| County of            |  | State of  |  |
| Date                 |  | Date      |  |