

Credit Application

Discount Drainage Supplies, Inc.

Name of Firm/Individual _____

SS# of Major Principal _____

Company Address _____

Years in Business _____

City _____ State _____ Zip _____ Area Code _____ Phone # _____

Email Address (Your email address will be used for specials and promotions only.) _____

Which location would you be using Akron Columbus Cincinnati

The following must be provided. It will be held in strict confidence.

Corporation Partnership Individual

1. _____
Name and Title of Principals Home Address Home Phone

2. _____

3. _____

References

1. _____
Name Address Zip Phone

2. _____

3. _____

4. _____

Bank Reference

We hereby authorize and direct all references to disclose any and all information concerning our accounts to Discount Drainage Supplies, Inc.

Company Name _____ Signature _____

Checking Account _____ Saving Account _____ Date _____

Persons Authorized to Charge

1. _____ 1. _____

2. _____ 2. _____

I understand that failure to complete this form in full will result in a delay in processing. I certify that all information on this form is correct. I agree to your terms of NET 30 DAYS and agree to pay accordingly. In consideration of Discount Drainage Supplies, Inc. establishing credit for the above-mentioned company, the undersigned does personally guarantee payment of all the money owed by the above-mentioned company to Discount Drainage Supplies, Inc. as it becomes due. Guarantor understands and agrees that this is a continuing Guarantee and shall cover all future indebtedness and credit advanced to the abovementioned company. Said liabilities shall be fully paid without delinquency or default, and the undersigned waives notice of any default or modification of the terms of credit issued to the above-named company.

Print Name of Person Guaranteeing Payment _____

Date _____ Signature _____

FAX TO: 330-644-7180