



# Credit Application

Administration Office  
 2600 S. Arlington Road • Akron, OH 44319  
 330-644-0114 • 800-407-0011  
 Fax: 330-644-7180

Which location would you be using       Akron       Columbus       Cincinnati

Name of Firm/Individual \_\_\_\_\_ SS# of Major Principal \_\_\_\_\_

Company Address \_\_\_\_\_ Years in Business \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Phone # Fax #

Email address of the person responsible for your accounts payable \_\_\_\_\_

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. \_\_\_\_\_  
 Name and Title of Principals Home Address Home Phone

### Trade References

Name	Address	Phone	Fax

Tax Exempt: \_\_\_ Yes \_\_\_ No (If YES, please send Certificate of Exemption with this application.)

Does your company require: (Please Circle)      P.O. #      Job #      Job Name

We would like to know how your company heard about us. Please circle the one that applies:

Referral      Web Page      Mail      Yellow Pages      Other \_\_\_\_\_

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. A 1.5% finance charge will be added to all past due accounts.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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 advances to the above-mentioned 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: \_\_\_\_\_

For office use only.

Approved by: \_\_\_\_\_ Refused by: \_\_\_\_\_ Credit Limit if any: \_\_\_\_\_

**Scan and Email to [ar@discountdrainage.com](mailto:ar@discountdrainage.com)  
 or Fax to: 330-644-7180**