



P.O. BOX 203
 STANTON, NJ 08885
 1-844-564-9216
 sales@drain-net.com
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 sales@drain-net.com

CREDIT APPLICATION & PERSONAL GUARANTEE

LEGAL NAME _____ DATE _____

TRADE NAME IF ANY _____ FEDERAL ID # _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

ACCOUNTS PAYABLE: DIRECT LINE/ EXT _____ FAX _____

TYPE OF BUSINESS: CORPORATE ___ PARTNERSHIP ___ PROPRIETORSHIP ___ OTHER _____

PRINCIPALS OR OWNERS:

1) Name _____ HOME ADDRESS _____
 BUSINESS TITLE _____ HOME PHONE _____ SS# _____

2) Name _____ HOME ADDRESS _____
 BUSINESS TITLE _____ HOME PHONE _____ SS# _____

BONDING INFORMATION IF APPLICABLE _____

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/ or obtain additional information by securing data from a credit-reporting agency. We understand that all past due balances will be subject to a 1-1/2" per month service charge. We further agree to pay 100% of collection costs in case of default, if the account is placed with an attorney or bonded collection agency.

SIGNED _____ POSITION _____

PRINT _____

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on with the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay all collection charge on the entire unpaid balance.

SIGNED _____ POSITION _____

PRINT _____



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TRADE REFERENCES:

1) SUPPLIER NAME _____

ADDRESS _____

PHONE _____ FAX _____

2) SUPPLIER NAME _____

ADDRESS _____

PHONE _____ FAX _____

3) SUPPLIER NAME _____

ADDRESS _____

PHONE _____ FAX _____

BANK REFERENCES:

1) NAME _____

ACCOUNT NO. _____

ADDRESS _____

PHONE _____ FAX _____

2) NAME _____

ACCOUNT NO. _____

ADDRESS _____

PHONE _____ FAX _____

PLEASE FAX COMPLETED APPLICATION TO DRAIN-NET AT 908-236-0278