



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

**CREDIT APPLICATION & PERSONAL GUARANTEE**

DATE \_\_\_\_\_  
 LEGAL NAME \_\_\_\_\_  
 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**