

Mid America Drain Service Company, Inc.

Fax # 636-225-1924

CREDIT APPLICATION

(Please Type or Print)

OFFICE USE ONLY	
Date:	
Account Approved	
Limit	

COMPANY INFORMATION

Name: _____

Street Address: _____

City _____ State _____ Zip _____

Billing Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Check One: Proprietorship Partnership Corporation Other:(Specify) _____

Date Established _____ Federal ID #: _____

NAME OF OWNERS, PARTNERS, OR OFFICERS

Names	Title	Address	Phone
			()
			()

Accounts Payable Contact: _____

Purchase order required? (Circle one) YES NO

Type of business:

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Plumber | <input type="checkbox"/> Carpentry Cont. | <input type="checkbox"/> Roofing | <input type="checkbox"/> School |
| <input type="checkbox"/> Religious/Non Profit | <input type="checkbox"/> Excavating | <input type="checkbox"/> Electrical | <input type="checkbox"/> Cabinetry |
| <input type="checkbox"/> Landscape | <input type="checkbox"/> Painting | <input type="checkbox"/> Other (Specify) _____ | |

BUSINESS CREDIT REFERENCES

Names	Address	Phone	Fax
		()	()
		()	()
		()	()

CREDIT TERMS AND CONDITIONS

Terms - Net 30 Days - Service Charge of 1-1/2% (Annual 18%) will be added to all accounts past 30 days.

The undersigned hereby certify that we accept the terms and conditions of the above document. We agree to abide by them. We agree to give Mid America Drain Services Inc. the right to investigate all references provided in this application. The information above is true and correct to the best of his/her ability. We understand that this information will be held in the strictest of confidence and inly used to establish credit with Mid America Drain.

Owner/Officer: _____

Title: _____

Print Name: _____

Date: _____