



508 Glenbrook Road
Glen Burnie, MD 21061-3225
410-760-4940 • Fax: 410-760-4941
www.diamondfleetservices.com

CREDIT APPLICATION

Company: Date:

Billing Address:

City: State: Zip Code:

Phone: Fax:

Billing Contact:

Type of Business: [ ] Corporation [ ] Partnership [ ] LLC [ ] Sole Owner [ ] Other (please list)

Federal ID #: Incorporation Date / State:

Officers

Name: Title: Home Address: Phone:

1.

2.

3.

Bank Information

Bank: Account Number:

Bank Address:

City: State: Zip Code:

Contact Person:

Phone: Fax:

Trade References

Company Name: Phone: Fax: Contact Person:

1.

2.

3.

Authorization:

I (we) understand that the information furnished on this page is for the purpose of obtaining credit from your firm. I (we) authorize Diamond Waste Services, Inc. to contact any of the parties listed herein for the purpose of evaluating and extending credit. That I am (we are) authorized in my (our) capacity, to bind my (our) firm accordingly. That all accounts or monies due shall be due and payable at your place of business according to your terms. That all past due amounts, notes or judgments shall automatically be subject to interest at the rate of 18% per annum, shall it become necessary to turn this account over for Third Party collection, I (we) agree to pay all costs of collection including an attorneys fee equal to 30% of any unpaid balance, whether or not suit is filed. In Consideration of credit being extend to the above named firm, I personally guarantee all indebtedness hereunder. This guarantee is unconditional and shall remain in full force and effect regardless of any renewal, extension amendment, assignment, or other modification of said credit application or contract, whether or not guarantor has knowledge thereof. I further agree that this guarantee is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended and/or renewed without notice to me. That I, within five days from the date of notice that the account is past due shall pay the amount due in full plus interest including attorneys fees in such amount as set forth in the credit application.

Signature: Date:

Name (please print):