



D&S VENDING, INC.

Established 1965

Quality Rebuilt Vending Equipment

Sales • Reconditioning • Parts

Service Calls • Electronic Repairs

Member NAMA

2062 E 70th St • Cleveland OH 44103

(800) 445-8363 • Fax (800) 275-8583

dsvendinginc.com

APPLICATION FOR CREDIT

FOR SECURITY REASONS, THIS FORM CANNOT BE COMPLETED & SUBMITTED ON OUR WEBSITE
PLEASE PRINT THE FORM AND EITHER FAX IT OR E-MAIL IT TO office@dsvendinginc.com

SHIP TO:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____

ZIP: _____

BILL TO:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____

ZIP: _____

PHONE NUMBER: _____

FAX: _____

E-MAIL ADDRESS: _____

ACCOUNTS PAYABLE CONTACT: _____

SOCIAL SECURITY # OR FEDERAL ID #: _____

BUSINESS IN THE STATE OF: _____

NUMBER OF YEARS IN BUSINESS: _____

CIRCLE ONE:

SOLE PROPRIETERSHIP

PARTNERSHIP

CORPERATION

BANK DATA:

BANK NAME: _____
BANK ADDRESS: _____
BANK CITY: _____
BANK STATE/PROVINCE: _____
BANK ZIP: _____
BANK CONTACT: _____
BANK TELEPHONE: _____
BANK ACCOUNT #: _____

PLEASE LIST ALL OFFICERS OF THE COMPANY, OWNERS OR PARTNERS:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE/PROVINCE: _____	STATE/PROVINCE: _____
ZIP: _____	ZIP: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE/PROVINCE: _____	STATE/PROVINCE: _____
ZIP: _____	ZIP: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____

TRADE REFERENCES:

REFERENCE 1 NAME: _____

REFERENCE 1 ADDRESS: _____

REFERENCE 1 CITY: _____

REFERENCE 1 STATE/PROVINCE: _____

REFERENCE 1 ZIP: _____

REFERENCE 1 CONTACT: _____

REFERENCE 1 TELEPHONE: _____

REFERENCE 1 ACCOUNT #: _____

REFERENCE 2 NAME: _____

REFERENCE 2 ADDRESS: _____

REFERENCE 2 CITY: _____

REFERENCE 2 STATE/PROVINCE: _____

REFERENCE 2 ZIP: _____

REFERENCE 2 CONTACT: _____

REFERENCE 2 TELEPHONE: _____

REFERENCE 2 ACCOUNT #: _____

REFERENCE 3 NAME: _____

REFERENCE 3 ADDRESS: _____

REFERENCE 3 CITY: _____

REFERENCE 3 STATE/PROVINCE: _____

REFERENCE 3 ZIP: _____

REFERENCE 3 CONTACT: _____

REFERENCE 3 TELEPHONE: _____

REFERENCE 3 ACCOUNT #: _____



ALL PAST DUE BALANCES ARE SUBJECT TO A 1.5% LATE CHARGE

I, We, the undersigned, being the owner, or principal stockholder of the entity, known as

, who have made application for credit with you,

hereby agree for valuable consideration to unconditionally indemnify you from any and all losses you might sustain by reason of the entity mentioned above failed to pay its obligations when due for goods and/or services delivered by you, sold by you and/or for work performed by you, and I, we, do agree to waive notice of default, hereby giving you the right to extend the time of payment without limitation and do individually and severally agree to be personally liable for the obligations of and/or for any goods, services and/or merchandise or credit extended/expended by you. The undersigned hereby authorizes D&S Vending, Inc to investigate the credit of the entity and/or the individual submitting this document with any of its suppliers, financial institutions, credit bureaus, or credit reporting agencies and to retain this data in our file for future reference.

DATE: _____

NAME OF SUBMITTER OF GUARANTOR: _____

SIGNATURE OF SUBMITTER OF GUARANTOR: _____

SOCIAL SECURITY #: _____