



**DSD EXPRESS**

T-480 County Rd 7  
Liberty Center, OH 43532  
Phone: 866-882-6674  
Fax: 419-960-4916

**DOMESTIC  
CREDIT APPLICATION**

- NEW
- INCREASE

**For Non-taxable accounts, please include a properly completed sales tax exemption form.**

Legal Name of Business \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_  
Principal's Name \_\_\_\_\_

If more than one principal, please list on separate piece of paper.

Accounts Payable Contact \_\_\_\_\_ AP e-mail: \_\_\_\_\_  
Federal Tax ID# (EIN) \_\_\_\_\_

How do you want your acknowledgements sent to you?  mail  fax  e-mail \_\_\_\_\_  
How do you want your invoices sent to you?  mail  fax  e-mail \_\_\_\_\_  
How do you want your statements sent to you?  mail  fax  e-mail \_\_\_\_\_

**Trade References**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Bank Reference**

Bank Name \_\_\_\_\_ Account Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

1.1 Jurisdiction for the enforcement of any transaction made pursuant to this credit application shall be performed in the county of Henry, State of Ohio. All transactions taking place pursuant to this credit application shall be performed in the county of Henry, State of Ohio. The law and decisions of the State of Ohio shall govern all transactions taking place between the parties.

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees. All billing disputes must be reported by the customer within 15 days of receipt. The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. You are authorized to investigate our credit references.

**Guaranty**

1.2 In consideration of credit being extended by DSD Express or its subsidiary to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to pay DSD Express or its subsidiary the faithful payment, when due, of all accounts of said applicant for purchases made. The guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by DSD Express or its subsidiary, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to DSD Express, Attention: Credit Department, T-480 County Rd 7, Liberty Center, OH 43532.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print)

**Office Use Only:**

Territory \_\_\_\_\_ Type \_\_\_\_\_ District Sales Rep. \_\_\_\_\_

Sales Manager Approved \_\_\_\_\_