

# CREDIT APPLICATION

## Water Depot, Inc.

1301 Avondale Rd  
New Windsor, MD, 21776  
Phone: (410) 857-9670 Fax: (410) 857-2814  
[www.oilwaterdisposal.com](http://www.oilwaterdisposal.com)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Fed ID: \_\_\_\_\_

Type of Business:      Sole Proprietor      Partnership      Corporation      LLC

### OFFICERS/OWNERS:

President: \_\_\_\_\_ Driver's Lic Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_

Accounts Payable Email Address: \_\_\_\_\_

### CREDIT REFERENCES (must provide email and/or fax number):

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Certification:

Water Depot, Inc. expects payment in net 30 days. For payment in net 45 days add \$ 0.01 per gallon to cost. For payment in net 60 days add \$ 0.02 per gallon to cost. If it is necessary to place an account for collection, the client agrees to reimburse WDI for all collection costs including attorney's fees, collection fees, interest, and court costs. By signing below, you declare that you understand and will adhere to these payment terms.

**If electronically signing, I agree that my electronic signature below, is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.**

Check this box  
only if signing  
electronically!

To sign electronically, please check the box below, then type your first and last name.  
To use an ink signature, leave the box unchecked, print this document, and then hand write your signature in ink.

I understand that checking this box constitutes that I am opting to provide my electronic signature. My first and last name, typed below, is the legally binding equivalent to my handwritten signature. Conversely, I understand that to opt out of using my electronic signature, I have left this box unchecked, printed this document, and hand signed below in ink.

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_