

Demcon Disposal Services, Inc. DBA: DDS Roll-offs
P.O. Box 575, Monticello, MN 55362
Phone 763/295-0707
Fax 763/295-1762

Application For Credit

Individual/Company Name _____ Phone _____
Street Address _____ City _____ State _____ Zipcode _____
Type of Business _____ Date Started Business _____
Type of Ownership Corporation Partnership Individual
Principal Owners _____ Title _____
_____ Title _____
Name of Person _____
Making Application _____ Title _____

Bank Reference:

Name _____ Checking Account# _____
Address _____
Phone # _____ Account Executive _____

References (these must be complete including telephone numbers)

Name: _____ Address (including Zip Code) _____ Telephone (including area code) _____

We certify that all the above information is correct, and that we fully understand your credit terms and agree to proper payment in consideration of extended credit.

Signature _____ Title _____ Date _____