



Diamond Products Limited • 333 Prospect Street • Elyria, Ohio 44035  
 Phone: 800-321-5336 • Fax: 440-322-1848

**APPLICATION TO DO BUSINESS**

**Name of Firm** \_\_\_\_\_

\_\_\_\_\_

Address (If P.O. Box, Include Street address) \_\_\_\_\_

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

Contact \_\_\_\_\_ E-mail address \_\_\_\_\_

**Shipping Address** (If different) \_\_\_\_\_

\_\_\_\_\_

Business Hours \_\_\_\_\_

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

Toll Free Number \_\_\_\_\_

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

**Personnel Information**

Name \_\_\_\_\_

\_\_\_\_\_

Address (No P.O. Box) \_\_\_\_\_

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

Contact \_\_\_\_\_ E-mail address \_\_\_\_\_

Business Hours \_\_\_\_\_

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

Toll Free Number \_\_\_\_\_

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

President – C.E.O. \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Sales/Marketing Manager \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ E-mail address \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Controller \_\_\_\_\_ E-mail address \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ E-mail address \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

I would like to receive my Invoices and Statements by  Fax  E-mail  U.S. Mail

At: \_\_\_\_\_

**Company/Financial Information**

Corporation  Partnership  Proprietorship Type of Business \_\_\_\_\_

FEIN or SS# \_\_\_\_\_ Resale Tax # \_\_\_\_\_ Attach Exempt Form

**Attach Current Financial Statement**

I Certify that the above information provided is correct to the best of my knowledge and Diamond Products has my authorization to investigate our credit and financial ability for the express purpose of obtaining a line of credit.

| Officer/Owner                   | Title                      | Date     |
|---------------------------------|----------------------------|----------|
| _____                           | _____                      | _____    |
| Diamond Products Representative | <b>Discount Structure:</b> |          |
| _____                           | BI _____                   | DR _____ |
| Phone Number _____ Ext. _____   | RI _____                   | RP _____ |
| _____                           | SP _____                   | SW _____ |
| Terms _____ Account Type _____  | WT _____                   | TA _____ |

**APPLICATION FOR OPEN ACCOUNT STATUS  
CREDIT REFERENCES**

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**Bank Reference**

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Address

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City, State, Zip Code

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Contact

---

Phone Number

---

Account Number

---

Type of Account

---

**Trade Reference**

---

Address

---

City, State, Zip Code

---

Contact

---

Phone Number

---

Account Number

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Fax Number

---

**Trade Reference**

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Address

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City, State, Zip Code

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Contact

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Phone Number

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Account Number

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Fax Number

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**Trade Reference**

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Address

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City, State, Zip Code

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Contact

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Phone Number

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Account Number

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Fax Number

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**Trade Reference**

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Address

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City, State, Zip Code

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Contact

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Phone Number

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Account Number

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Fax Number