

**DeltaTrak®**

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

1. Complete and sign all sections applicable to your organization.
2. Please do not leave fields empty. If not applicable, write "N/ A".
3. If your organization is sales tax exempt, attach a copy of your exempt certificate and fill out Certificate of Resale
4. Our terms are NET 20
5. Fax or Email Complete application to: (209) 579-0516 or dtreceivables@deltatrak.com
6. Questions Please Call 800-962-6776 ext 2125

### Business Contact Information

Company Name			
Contact Person		Title	
Registered Company Address			
City, State Zip			
Phone		Fax	
Email			
<b>Accounts Payable Contact</b>			
Name			
Phone			
Email			
<b>Purchasing Contact</b>			
Name			
Phone			
P.O. Number			

**Employer ID Number**  

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ **Sole proprietorship**  
☐ **Partnership**  
☐ **Corporation**  
☐ **Other**

### Business and Credit Information

Year established at present location			
Tax Exempt	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Credit limit requested	\$
Name of Parent Company			
Primary Business Address			
City, State Zip			
Type of Business			
Web Address			
<b>Bank Information</b>			
Bank Name			
Address			
City, State Zip			
Account Number	Type	<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Saving</b> <input type="checkbox"/> <b>Other</b>	

### Business/Trade References

Company name		Phone	
Address		Fax	
City, State ZIP Code		Email	
Type of account		Other	

## Business/Trade References

Company name		Phone	
Address		Fax	
City, State ZIP Code		Email	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		Email	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		Email	
Type of account		Other	

## Agreement

1. I understand that the terms of sales are Net 20 Days. I agree to pay within these terms. A finance charge of 1.5% monthly or 18% annum will be applied on past due balances over the statement payment terms.
2. By submitting this application, you authorize DeltaTrak to make inquiries into the banking and business/trade references that you have supplied.

## Signatures

Signature		Signature	
Name Title		Name Title	
Date		Date	