

**APPLICATION FOR CREDIT**

**FAX TRANSMITTAL**

**DELTA KITS, INC.  
PO BOX 26509  
EUGENE, OR 97402  
800-548-8332  
541-345-1591 fax**



**TO:** \_\_\_\_\_  
**COMPANY:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**ACCOUNT #:** \_\_\_\_\_

**IMPORTANT! PLEASE FILL OUT THIS APPLICATION IN FULL. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**BILLING ADDRESS:** \_\_\_\_\_  
**SHIPPING ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**YEARS IN BUSINESS:** \_\_\_\_\_  
**PARTNERSHIP:** \_\_\_\_\_ **SOLE PROPRIETOR:** \_\_\_\_\_ **CORPORATION:** \_\_\_\_\_

**NAMES OF OWNERS, PARTNERS OR OFFICERS:**

<u>NAME</u>	<u>TITLE</u>
_____	_____
_____	_____
_____	_____

**TRADE REFERENCES (3 REQUIRED):**

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL INFORMATION:**

<u>BANK</u>	<u>ACCOUNT #</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for the references listed above to give information to Delta Kits, Inc. regarding my credit history.  
Initial Credit Limit: \$500 Additional Credit Limit Requested \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ALL ACCOUNTS ARE NET 30 DAYS.** Past due accounts automatically revert to C.O.D. A finance Charge of 1 1/2% per month, which is an annual percentage rate of 18% will be added to past due accounts. Accounts turned over for collection will be assessed the interest retroactive to the date of invoice. Reasonable Attorney fees and collection cost will be charged if your account is turned over to an attorney or collection agency.

**FOR OFFICE USE ONLY:**

**DATE:** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_ **CREDIT LIMIT:** \_\_\_\_\_