



**APPLICATION FOR CREDIT AND OPEN ACCOUNT**

**36953 SCHOOLCRAFT RD, LIVONIA, MICHIGAN 48150 – PHONE(734) 953-1130 FAX(734)953-1140**

Company Name: _____	
Division or Subsidiary of: _____	
Primary Location – Street Address: City/State/Zip Code: _____	
Phone: _____	Fax: _____
Accounts Payable Address If Different from Above: _____	
This Company is a: _____ Date Business Started: _____	
<input type="checkbox"/> Sole Proprietorship registered in County/State of: <input type="checkbox"/> Partnership registered in County/State of: <input type="checkbox"/> Corporation chartered in the State of:	
Describe your Line of Business: _____	
<b><u>OWNER INFORMATION</u></b>	
Owner/Officer Name: _____ Title: _____	
Home Address: _____ Home Phone: _____	
City/State/Zip: _____	
Your Bank: _____	Contact Name: _____ Phone Number: _____
<b>Please provide the names of three trade references:</b>	
Name: _____	Phone: _____
	Fax: _____
Address: _____	
Name: _____	Phone: _____
	Fax: _____
Address: _____	
Name: _____	Phone: _____
	Fax: _____
Address: _____	
If you are a contractor, Please enter License Number: _____ City/State of Issue: _____	
Will your purchases be subject to Michigan State Sale Tax: Yes ( ) No ( )	
If you answered NO, please state reason or Resale License Number: _____	
<b>Our Standard Payment Terms are: Net 30 Days</b>	
I have read and agree to Delta Electric Products, Inc., Standard Payment Terms as stated above. I also agree that Delta Electric Products, Inc., may request reports from any credit reporting agencies it deems necessary or appropriate.	
Company Name: _____	Signature: _____
Title: _____	Date: _____