



CREDIT APPLICATION

RETURN FAX (901) 362-5721
TELEPHONE (901) 312-7319
E-MAIL: acctrec2@deltamat.com

Date: _____ Salesman: _____

CUSTOMER INFORMATION:

Name: _____ Phone: _____ Fax # _____

DBA/Division: _____ Fed Tax ID: _____

Type: (circle one) Corp. Propr. Partnership LTD Liability Years in Business: _____ Dun & Bradstreet# _____

Billing Address: _____
PO Box or Street Address City State Zip

Billing Contact: _____ Billing Phone # and Email: _____

Ship To Address: _____
Street Address City State Zip

Is a PO# required for purchasing or service? Yes _____ No _____ Is a PO# required on your invoice? Yes _____ No _____

Tax Exempt? Yes _____ No _____ **IF YES, A COPY OF YOUR TAX EXEMPT CERTIFICATE MUST ACCOMPANY THIS CREDIT APP.**

INVOICING:
The default invoicing method is via email unless otherwise noted. Check here if you cannot accept invoices via email
Email address used to accept electronic invoices: _____

REFERENCES:

Bank: _____
Contact: _____
Telephone: _____
Acct. No.: _____

Trade: _____
Contact: _____
Telephone: _____

Trade: _____
Contact: _____
Telephone: _____

Trade: _____
Contact: _____
Telephone: _____

PERSONAL/GUARANTOR INFORMATION:

Name: _____ Soc. Sec.# _____

Address: _____ City: _____ State: _____ Zip: _____

THIS WILL EVIDENCE MY CONSENT FOR YOU TO PROMPTLY FURNISH INFORMATION IN CONFIDENCE ON ALL MY PAST AND CURRENT ACCOUNTS WITH YOU TO DELTA MATERIALS HANDLING, INC. AND/OR FINANCE COMPANIES THAT THEY MAY BE ASSOCIATED WITH. THEY ARE CONSIDERING, AT MY REQUEST, A FINANCING RELATIONSHIP TO BENEFIT MY BUSINESS.

PURCHASER'S AUTHORIZED SIGNATURE: _____ Date: _____

PRODUCT YOU ARE INTERESTED IN:

(Circle Appropriate Department)

- New Forklift
- Used Forklift
- Short Term Rental
- Leasing
- Parts
- Service
- Warehouse Products
- Operator Safety Training