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# Credit Application

## Company Information

Name of Business		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
Address:		Fax I.D. Number		
Address:				
City:	State:	ZIP:		
Phone:	Fax:			
Accounts Payable Contact :	Phone:	Fax:		
Type of Business:	In Business Since:			
Tax Exempt: NO <input type="checkbox"/> YES <input type="checkbox"/> ID#:		Does your company use Purchase Orders NO <input type="checkbox"/> YES <input type="checkbox"/>		

## Principals

Principal:	Title:			
Address:	City:	State:	Zip:	Phone:
Principal:	Title:			
Address:	City:	State:	Zip:	Phone:

## Bank References

Banking Institution	Account #			
Address:	City:	State:	Zip:	Phone:
Banking Institution	Account #			
Address:	City:	State:	Zip:	Phone:

## Supplier/Commercial References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title