



4823 W. Marine Ave
 Lawndale, CA 90260
 Tel: (310) 355-0355
 Fax: (310) 355-1879
www.deltat.com

Form CA-1 CREDIT APPLICATION & AGREEMENT

- INSTRUCTIONS:**
1. Form completion and signature are required for credit consideration
 2. Provide bank information and trade references on separate sheets

Buyer's Trade Name:		Business or Corporate Name (if different from Trade Name):	
Engaged in business of:	Years / Months (circle one) in business: _____	Corporation Partnership	Sole Propriety Other: _____
Business Street Address for Shipping:		Mailing Address for Billing:	
Business Phone:		Accounts Payable Contact Name:	
Business Fax:		Accounts Payable Phone/Extension:	
Federal Tax Identification Number (EIN or SS):		Resale Permit Number & State (if applicable):	
Owners/Partners/Officers:	See Attached	Titles:	Phones/Extensions:
_____		_____	_____
_____		_____	_____
_____		_____	_____
Have you ever filed bankruptcy? NO YES, when _____	Have you done business under other name(s)? NO YES, list previous name(s): _____		
Did you attach a list of <u>at least 3 Trade References</u> with phone and fax numbers? NO YES	Did you attach the Release Authorization form (CA-2) with complete Bank Information? NO YES		

This Credit Application and Agreement is submitted by Buyer, to Delta T (Seller), to obtain trade credit. Buyer agrees to pay each invoice within 30 days of invoice date unless otherwise stated on the invoice. Past due invoice amounts are subject to 1.5% per month of interest, or the maximum amount provided by law (whichever is less). Should Buyer default in any such payment(s) and/or should Delta T seek to enforce this agreement against Buyer, Buyer agrees to pay reasonable collection charges, attorney(s) fees, court costs and other expenses, incurred by Delta T, whether or not suit is filed, and whether or not incurred in connection with issues of federal bankruptcy law.

By signing this agreement, I certify that the attached information is accurate and that I have read and agreed to the above terms.

Print Name
Title
Authorized Signature
Today's Date



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Form CA-2

Authorization Date: _____

To: **Credit Rating Department** _____

Bank Name: _____

Address: _____

Contact: _____

Fax: _____

Phone: _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

The undersigned representative of _____ (Buyer) hereby authorizes the above
 Financial Institution (Bank) to release its credit information on the following account(s):

_____ to DELTA T

for the purpose of establishing a credit account. Thank you for your cooperation.

 Buyer's Authorized Signature

 Print Name/Title