

NEW CLIENT APPLICATION- DELCO INNOVATIONS, LLC.

COMPANY PROFILE			
Legal Company Name:			
DBA:			
Phone:	Fax:	E-Mail:	
Federal ID:			
Shipping Address:			
(ADDRESS LINE	1)	(STE OR UNIT NUM.)	
(CITY, STATE, Z	P)		
Billing Address (if different tha		(
	(ADDRESS LINE 1)	(STE OR UNIT NUM.)	
BUSINESS INFORMATION	(CITY, STATE, ZIP)		
Type of Business:			
State of Incorporation:	Year Business was Create	ed:	
Tax Exempt:	Tax Exempt #:	Are you a member of a purchasing group?	
OFFICERS, PARTNERS, OR C	WNER OF BUSINESS		
Name:	Title:	% Ownership:	
Name:	Title:	% Ownership:	
Name:	Title:	% Ownership:	
BILLING CONTACT + PREFE	RENCES		
Payment Preference Type:			
Accounts Payable Contact (Fir	st/Last):		
Accounts Payable Phone:	Accounts payable email:		
CREDIT CARD INFORMATIO	N (Please provide if you would like invoices	processed per Net terms)	
Card Type:			
Name on Card:	Credit Card #:		
Expiration Date:	CVC (3- or 4-Digit Code):	Credit Card Billing Zip Code:	

AUTHORIZATION CONSENT (Only needed if providing CC for Net terms processing)

Consent: I certify that I am an authorized user of this credit card/bank account and will not dispute the transactions with my bank or credit card company; provided the transactions correspond to our contractually established payment terms and orders placed.

CARD HOLDER SIGNATURE	CA	RD HOLDER PRINTED NAME	DATE	
BUSINESS REFERENCES (Please prov	vide atleast 2 medical	supply or medical manufacturer references provid	ling credit)	
Company Name:	Contact Name:			
Phone:				
Business Address:				
(ADDRESS LINE 1)		(STE OR UNIT NUM.)		
(CITY, STATE, ZIP)				
Company Name:		Contact Name:		
Phone:				
Business Address:				
(ADDRESS LINE 1)		(STE	E OR UNIT NUM.)	
(CITY, STATE, ZIP)				
BANK REFERENCE				
Name of Bank:		Account #:		
Phone:				
Business Address:				
(ADDRESS LINE 1)		(STE	E OR UNIT NUM.)	
(CITY, STATE, ZIP) GUARANTY				
	San d Madical III C			
		to sell good to the applicant, the undersigned s and agrees to pay, when due and upon dem		
indebtedness, including attorney fees	and costs incurred	for collections, owed to Delco by the applica	nt in connection with such sales.	
GUARANTORS SIGNATURE	DATE	PRINTED NAME OF GUARANTOR	SS#	
GUARANTORS SIGNATURE	DATE	PRINTED NAME OF GUARANTOR	SS #	