

**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, ZIP)

Billing Address (if different than shipping): \_\_\_\_\_  
(ADDRESS LINE 1) (STE OR UNIT NUM.)

\_\_\_\_\_  
(CITY, STATE, ZIP)

**BUSINESS INFORMATION**

Type of Business: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Year Business was Created: \_\_\_\_\_

Tax Exempt: \_\_\_\_\_ Tax Exempt #: \_\_\_\_\_ Are you a member of a purchasing group? \_\_\_\_\_

**OFFICERS, PARTNERS, OR OWNER OF BUSINESS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

**BILLING CONTACT + PREFERENCES**

Payment Preference Type: \_\_\_\_\_

Accounts Payable Contact (First/Last): \_\_\_\_\_

Accounts Payable Phone: \_\_\_\_\_ Accounts payable email: \_\_\_\_\_

**CREDIT CARD INFORMATION** (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: \_\_\_\_\_

**DELCO INNOVATIONS, LLC.**

6583 RUCH RD. BETHLEHEM, PA. 18055 | 888-387-9211 | WWW.DELCOINNOVATIONS.COM

