

NEW CLIENT APPLICATION- DELCO INNOVATIONS, LLC.

COMPANY PROFILE

Legal Company Name: _____

DBA: _____

Phone: _____ Fax: _____ E-Mail (for invoices): _____

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: AMEX VISA MASTERCARD DISCOVER

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. 18017 | 888-387-9211 | WWW.DELCOINNOVATIONS.COM

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

CARD HOLDER PRINTED NAME

DATE

BUSINESS REFERENCES (Please provide atleast 2 medical supply or medical manufacturer references providing 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 OR UNIT NUM.)

(CITY, STATE, ZIP)

BANK REFERENCE

Name of Bank:

Account #:

Phone:

Business Address:

(ADDRESS LINE 1)

(STE OR UNIT NUM.)

(CITY, STATE, ZIP)

GUARANTY

To induce Delco Innovations, LLC. & Trend Medical, LLC. to sell goods to the applicant, the undersigned agrees to the above terms, which are herein incorporated and personally guarantees and agrees to pay, when due. Upon demand, the total amount of any indebtedness, including attorney fees and costs incurred for collections, owed to Delco by the applicant in connection with such sales.

GUARANTORS SIGNATURE

DATE

PRINTED NAME OF GUARANTOR

SS #

GUARANTORS SIGNATURE

DATE

PRINTED NAME OF GUARANTOR

SS #

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