

1007 S. Chapel St., Newark, DE 19702
PO Box 10424, Wilmington, DE 19850
(302) 731-0500 ●●● FAX (302) 731-0573
TOLL FREE (800) 441-7300



Acct # _____

Date Opened _____

TERMS: _____

Company Name: _____ EI# _____
Physical Addr: _____ City _____ State _____ Zip _____
Sole Proprietor _____ Partnership _____ Corporation _____ Date Incorporated: _____
Ship To Address: _____ City _____ State _____ Zip _____
Is your Ship To Address a: Residence? _____ Commercial Bldg? _____ Shopping Center? _____
Business Ph: _____ - _____ Fax: _____ - _____ EMAIL: _____
A/P Contact: _____ A/P Ph#: _____ - _____ (Ext) _____ Yrs in Business: _____
SHIP TO State Tax ID# _____ State Business License # _____
Type of Business _____ Web Page Address: _____
Annual Store Volume: _____ # of Branch Locations: _____
Purchase Order # Required? YES or NO Is Separate Billing required for each account? YES or NO
Authorized Buyers: _____

Shipment Preference: Open Account – 1ST Order: VISA/MC () COD/then NET 30()
C.O.D. – CUSTOMER REQUEST () (All orders shipped via UPS ground, customers requesting special shipping will be charged for additional shipping on those orders. Drop shipments from manufacturers are shipped at vendors choice.)

Owners Name/s: _____ **SS #** _____ **Title** _____
Addr: _____ **City** _____ **State** _____ **Zip** _____ **Ph:** _____ - _____
Owners Name/s: _____ **SS #** _____ **Title** _____
Addr: _____ **City** _____ **State** _____ **Zip** _____ **Ph:** _____ - _____ **Owners**
Name/s: _____ **SS #** _____ **Title** _____
Addr: _____ **City** _____ **State** _____ **Zip** _____ **Ph:** _____ - _____

BANK REFERENCE: We hereby authorize our bank to release credit information to Delaware D.G. Co

Bank Name: _____ **Acct Mgr Name:** _____ **Acct#** _____
Bank Address: _____ **City** _____ **State** _____ **Zip** _____
Bank Phone: _____ - _____ **Fax #** _____ - _____

Business Owners Signature: _____ **Date** _____

BUSINESS TRADE REFERENCES: (PLEASE FILL OUT COMPLETE INFORMATION – No Comm Credit Rating Agencies)

Company: _____ **PH:** _____ - _____ **FAX:** _____ - _____
Address: _____ **City** _____ **State** _____ **Zip** _____ **Acct#** _____
Company: _____ **PH:** _____ - _____ **FAX:** _____ - _____
Address: _____ **City** _____ **State** _____ **Zip** _____ **Acct #** _____
Company: _____ **PH:** _____ - _____ **FAX:** _____ - _____
Address: _____ **City** _____ **State** _____ **Zip** _____ **Acct #** _____

I hereby authorize the above business/company/individuals to do business with Delaware D.G. Co. Please supply Delaware D.G. Co. with credit references pertaining to the above business, including bank and personal information. I have read the terms and account policies of Delaware D.G. Co. I hereby agree to make payment on my account within the established terms of the account, should I default in payment of my account I agree to pay any and all service changes and or legal fees associated in collection of my account.

Owner/Officers Signature: _____ **Title:** _____ **Date:** _____