

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 – 1<sup>ST</sup> 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: \_\_\_\_\_