



APPLICATION TO BECOME A DEALER

Legal Name	<input style="width:95%;" type="text"/>				<input type="checkbox"/>	Sole Prop.	
					<input type="checkbox"/>	Corporation	
					<input type="checkbox"/>	Partnership	
Billing Address	<input style="width:35%;" type="text"/>	City	<input style="width:15%;" type="text"/>	State	<input style="width:5%;" type="text"/>	ZIP	<input style="width:10%;" type="text"/>
Phone #	<input style="width:15%;" type="text"/>	Fax #	<input style="width:15%;" type="text"/>	E-Mail	<input style="width:40%;" type="text"/>		
Shipping Address	<input style="width:35%;" type="text"/>	City	<input style="width:15%;" type="text"/>	State	<input style="width:5%;" type="text"/>	ZIP	<input style="width:10%;" type="text"/>
Type of Business	<input style="width:75%;" type="text"/>			Website	<input style="width:40%;" type="text"/>		
Year Established	<input style="width:20%;" type="text"/>	Years At Current Location	<input style="width:40%;" type="text"/>				
Estimated Monthly Requirements (\$)	<input style="width:20%;" type="text"/>	Resale Number	<input style="width:40%;" type="text"/>				

Principals/Ownership

Name	<input style="width:60%;" type="text"/>	Title	<input style="width:20%;" type="text"/>	Address	<input style="width:80%;" type="text"/>		
Name	<input style="width:60%;" type="text"/>	Title	<input style="width:20%;" type="text"/>	Address	<input style="width:80%;" type="text"/>		
Name	<input style="width:60%;" type="text"/>	Title	<input style="width:20%;" type="text"/>	Address	<input style="width:80%;" type="text"/>		
Name of Parent Co. (if Applicable)	<input style="width:60%;" type="text"/>			Phone #	<input style="width:20%;" type="text"/>		
Street Address	<input style="width:35%;" type="text"/>	City	<input style="width:15%;" type="text"/>	State	<input style="width:5%;" type="text"/>	ZIP	<input style="width:10%;" type="text"/>

Bank References

Name	<input style="width:60%;" type="text"/>	Contact	<input style="width:20%;" type="text"/>	Phone #	<input style="width:15%;" type="text"/>	Acct #	<input style="width:10%;" type="text"/>
Street Address	<input style="width:35%;" type="text"/>	City	<input style="width:15%;" type="text"/>	State	<input style="width:5%;" type="text"/>	ZIP	<input style="width:10%;" type="text"/>

Credit Card Information

<input type="radio"/> VISA	Card #	<input style="width:30%;" type="text"/>	Expiration	<input style="width:15%;" type="text"/>	CVV Code	<input style="width:10%;" type="text"/>		
<input type="radio"/> MC	<input type="checkbox"/> Same As Shipping							
<input type="radio"/> AMEX	Billing Address	<input style="width:30%;" type="text"/>	City	<input style="width:15%;" type="text"/>	State	<input style="width:5%;" type="text"/>	ZIP	<input style="width:10%;" type="text"/>

Minimum Buy-In Requirement \$1000.00
 Minimum Reorder Size \$200.00
 Below Minimum Reorder Fee \$10.00

Place Orders: orders@deltalights.com
 Customer Service: sales@deltalights.com
 Technical Assistance: tech@deltalights.com
 Download Catalogs: <http://www.deltatechindustries.com/catalogs.html>
 Download Instructions: <http://www.deltatechindustries.com/instructions.html>
 Website: <http://www.deltalights.com>

If submitting online:
 Please fax a copy of your Business License and Resale Permit to (909) 673-1990 or email to orders@deltalights.com

If printing to submit manually:
 Please fax back signed Application and attach copy of your valid Business License and Resale Permit to (909) 673-1990

Referred by:

Signature	<input style="width:90%;" type="text"/>	Printed Name	<input style="width:20%;" type="text"/>	Title	<input style="width:20%;" type="text"/>	Date	<input style="width:10%;" type="text"/>
-----------	---	--------------	---	-------	---	------	---