



DELTA

APPLICATION TO BECOME A DELTA INTERNATIONAL DISTRIBUTOR

Legal Name	<input type="text"/>				<input type="checkbox"/> Sole Prop.
					<input type="checkbox"/> Corporation
					<input type="checkbox"/> Partnership
Billing Address	<input type="text"/>	City	<input type="text"/>	Country	<input type="text"/>
				Postal Code	<input type="text"/>
Phone #	<input type="text"/>	Fax #	<input type="text"/>	E-Mail	<input type="text"/>
Shipping Address	<input type="text"/>	City	<input type="text"/>	Country	<input type="text"/>
				Postal Code	<input type="text"/>
Type of Business	<input type="text"/>				
Year Established	<input type="text"/>	Years At Current Location	<input type="text"/>		
Estimated Monthly Requirements (\$)	<input type="text"/>	Business License # (Provide Copy)	<input type="text"/>		

Principals/Ownership

Name	<input type="text"/>	Title	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	Address	<input type="text"/>

Name of Parent Co. (if Applicable) Phone #

Street Address City Country Postal Code

Bank References

Name Contact Phone # Acct #

Street Address City Country Postal Code

Payment Options

- BANK TRANSFER (SEE INSTRUCTIONS ON RIGHT)
- PAYPAL
- IRREVOCABLE LETTER OF CREDIT (VALID 60 DAYS)

BANK TRANSFER INSTRUCTIONS:

Bank transfer in US Dollars to:
 U.S. BANK, N.A.
 2280 S. GROVE AVE
 ONTARIO, CA 91761 U.S.A.
Bank Account Number: 153497996782
Routing number: 122235821
Swift: USBKUS44IMT
Beneficiary's Name: Delta Tech Industries, LLC

If submitting online:
 Please fax a copy of your Business License and Resale Permit to 1 (714) 577-0140 or e-mail to export@deltalights.com

Referred by:

If printing to submit manually:
 Please fax back signed Application and attach copy of your valid Business License to 1 (714) 577-0140

Signature	<input type="text"/>	Printed Name	<input type="text"/>	Title	<input type="text"/>	Date	<input type="text"/>
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