KB Delta, Inc. New Customer Application

Name/Address

Name/Address	F		N 40 1 11 1 1 100 1	ı	Tal	-	
Last:	First:		Middle Initial:		Title		
Name of Business:					Tax I.D. Number		
Address:				•			
City:	State:	ZIP:		Phon	ne:		
Company Informati	on						
Type of Business:			In Business Sinc	e:			
Legal Form Under Which E	Business Operates:						
State/Province:	Partnership Proprietorship In Business Since:						
If Division/Subsidiary, Nam	·	•		ess Since	:		
Name of Company Princip	al Responsible for B	usiness Transactions:	Title:				
Address:	City:	State:	ZIP:	Phor	ne:		
Name of Company Princip	al Responsible for B	usiness Transactions:	Title:				
Address:	City:	State:	ZIP:	Phor	ne:		
Bank References							
Institution Name:	Ch	ecking Account #:	Address:				
Trade References							
COMPANY NAME	СО	COMPANY NAME			COMPANY NAME		
Contact Name:	Со	Contact Name:		Contact Name:			
Address:		Address:		Address:			
Phone:	Ph	Phone:		Phone:			
Account Opened Since:	Ac	Account Opened Since:		Account Opened Since:			
Credit Limit:	Cre	Credit Limit:		Credit Limit:			
Current Balance:	Cu	Current Balance:			Current Balance:		
Financial Information	on					•	
Company Total Assets	Company To	tal Liabilities Anı	nual Net Income	•			
Have you or your officers	or affiliates ever filed	a petition in bankruptcv?	Yes 🗌	No 🗌			
Is your company subject to			f so, describe:				
We declare that the above i	, ,		,	induce t	the Company to o	ovtand cradit Wa	
authorize the Company to n							
references and banks and o	obtaining credit rep	orts. We authorize all	trade reference	es, bank	s and credit repor	ting agencies to	
disclose to the Company ar		· ·		•		ina myseii.	
I have read the terms and c	onditions stated be	elow and agree to all of	those terms a	nd cond	itions.		
Name of Company:							
Authorized Signature:			Date:				
, willonzou dignature.			Daile				
Printed Name:			Title:				
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