

Sales Rep. Initial

**THE DELANEY CO.**  
P. O. BOX 384  
CUMMING, GA 30028  
PHONE (770) 844-1941 FAX (770) 844-8658

## CREDIT APPLICATION

Date \_\_\_\_\_

Company name \_\_\_\_\_

Web Address: \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Contact person \_\_\_\_\_

E-mail: \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Shipping Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Federal tax ID or Social Security number: \_\_\_\_\_

Type of business \_\_\_\_\_

Years in business \_\_\_\_\_

How did you hear about our Company? \_\_\_\_\_

Which Delaney Sales Rep have you spoken to? \_\_\_\_\_

Which products will you buy most often? \_\_\_\_\_

Amount of credit requested \$ \_\_\_\_\_

Are you a:

Authorized Buyers:

CORPORATION

\_\_\_\_\_ E-mail

PARTNERSHIP

\_\_\_\_\_ E-mail

Please list the names of all partners: \_\_\_\_\_  
\_\_\_\_\_

SOLE PROPRIETORSHIP

Are you sales tax exempt? YES Please provide a copy of your Exemption Certificate.

NO State \_\_\_\_\_ County \_\_\_\_\_

\* Failure to provide Sales Tax Exemption Certificate will result in appropriate Sales Tax Charges



**REQUEST FOR BANK VERIFICATION**

**TO: (Name and Address of Bank)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE**

**FAX**

**FROM: (Name and Address of Applicant)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant**

I have applied for credit with The Delaney Co. of Cumming, GA. You are hereby authorized to supply information to The Delaney Co. concerning checking and loan accounts that I have with your bank. Your response is solely a matter of business courtesy for which no responsibility is attached to your institution or any of your officers and this information will be treated as strictly confidential.

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**Dear Banking Official,**

The company listed above has given your name as a banking reference. We would greatly appreciate the benefit or your experience with this company by responding to the items below. The information that you provide will be held in strictest confidence and will be used only for credit purposes.

**Please fax the completed form to 770-844-8658.**

**Sincerely,**

**The Delaney Co.  
Credit Department  
Phone (770) 844-1941  
Fax (770) 844-8658**

**CHECKING ACCOUNT \_\_\_\_\_ Individual \_\_\_\_\_ Joint \_\_\_\_\_ Company**

**Date Opened \_\_\_\_\_ Date Closed \_\_\_\_\_**

**Average Balance \_\_\_ Low \_\_\_ Medium \_\_\_ High \_\_\_\_\_ Figures**

**Any Problems With Insufficient Funds? \_\_\_\_\_ IF Yes, How long Ago? \_\_\_\_\_**

**COMMERCIAL LOAN**

**Date Opened \_\_\_\_\_ Date Closed \_\_\_\_\_**

**Any Collection Problems? \_\_\_\_\_**