



DELTA REGIS Tools, Inc.
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 Fort Pierce, FL
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CUSTOMER INFO

Company Information

Company Name:		Years in Business:
Street Address (Invoicing):		
City:	State/Province:	Zip/Postal Code:
Ship-to Address (if different from above):		
Type Of Business:		
Phone#:	Fax#:	Principle Officer:
Accts. Payable Contact:		A/P Phone#:
Purchasing Contact:		Purchasing Phone#
Are P.O. #'s used?	Credit Limit Requested:	

Bank Reference

Bank Name:		Phone#:
Street Address:		Fax#:
City:	State/Province:	Zip/Postal Code:
Bank Officer:		Acct.#:

Trade References (3 required)

Name:		
Street Address:		
City:	State/Province:	Zip/Postal Code:
Phone#:	Fax#:	Contact:

Name:		
Street Address:		
City:	State/Province:	Zip/Postal Code:
Phone#:	Fax#:	Contact:

Name:		
Street Address:		
City:	State/Province:	Zip/Postal Code:
Phone#:	Fax#:	Contact:

In order to supplement the information contained herein, I/We authorize Delta Regis Tools, Inc., or its agencies, to conduct a personal investigation as may be considered necessary and I/We authorize any reporting agency to supply such information as you may require.

Signature:	Date:
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