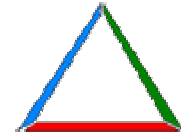


DELTA A/C SUPPLY
3515 W. YOSEMITE AVE
LATHROP, CA 95330
1 - 800-431 -9999
FAX # 209-858-4354



CREDIT APPLICATION

COMPANY INFORMATION

COMPANY NAME: _____ PARENT COMPANY: _____
STREET ADDRESS: _____ CITY: _____ ZIP _____
BILLING ADDRESS: _____ CITY: _____ ZIP _____
PHONE # _____ FAX # _____ MOBILE# _____

TYPE OF BUSINESS: OWNER () PARTNERSHIP () CORPORATION ()

NAME & ADDRESSES OF OWNERS, PARTNERS OR OFFICERS OF THE CORPORATION

NAME: _____ TITLE _____ SSN# _____
HOME ADDRESS: _____ CITY _____ ZIP _____
NAME: _____ TITLE _____ SSN# _____
HOME ADDRESS: _____ CITY _____ ZIP _____
NAME: _____ TITLE _____ SSN# _____
HOME ADDRESS: _____ CITY _____ ZIP _____

CONTRACTORS LICENSE # _____ **FEDERAL LD. #** _____ **DUNS #** _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____ CREDITLIMITDESIRED _____

PREVIOUS LOCATION OF BUSINESS _____ HOW LONG AT THIS ADDRESS _____

BANK INFORMATION:

NAME: _____ BRANCH _____ ACCT# _____
ADDRESS: _____ CITY _____ ZIP _____
BANK OFFICER TO CONTACT: _____ CHECKING ___ SAVINGS ___ LOAN ___

TRADE REFERENCES:

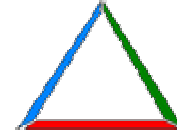
	NAME	ADDRESS	CITY/STATE	ZIP	PHONE/FAX
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

PURCHASE ORDER REQUIRED () TAXABLE () RESALE () Please include resale card.

I AUTHORIZE THE ABOVE LISTED CREDIT REFERENCES TO RELEASE INFORMATION TO DELTA A/C SUPPLY. AS AN AUTHORIZED REPRESENTATIVE, I ACCEPT SELLER'S TERMS AS 2% 10TH NET 30TH, WITH A SERVICE CHARGE OF 1 1/2% PER MONTH (18% PER ANNUM) ON BALANCES EXCEEDING 30 DAYS AND AGREE TO PAY COSTS AND EXPENSES, INCLUDING ATTORNEY FEES, IF DELTA IS FORCED TO CONSIGN THIS ACCOUNT FOR COLLECTION.

BY: _____ TITLE: _____ DATE: _____

DELTA A/C SUPPLY
3515 W. YOSEMITE AVE
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1 - 800-431 -9999
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CREDIT APPLICATION

TERMS AND CONDITIONS OF DELTA A/C SUPPLY

ITEMS SUBJECT TO DISCOUNTS, EARN SUCH DISCOUNT IF PAID BY THE 10TH OF THE MONTH FOLLOWING THE BILLING DATE. ALL INVOICES ARE DUE IN FULL (NET) ON THE 30TH OF THE MONTH FOLLOWING BILLING. A 11/2% SERVICE CHARGE (18% PER ANNUM OR THE MAXIMUM ALLOWED BY STATE LAW) WILL BE CHARGED TO ALL PAST DUE ACCOUNTS. THE PAYMENT OR ACCRUAL OF SERVICE CHARGES DOES NOT EXTEND CREDIT TERMS OR DEFER PAYMENT OF ANY PAST DUE BILLING I/WE ARE SUBJECT TO COLLECTION OR LEGAL ACTION IF ANY SUM IS NOT PAID ON OR BEFORE THE SUBJECT DUE DATE THEREOF. ANY ACCOUNT 60 DAYS PAST DUE WILL AUTOMATICALLY HAVE ITS CREDIT REVOKED.

I/WE WILL INFORM DELTA A/C SUPPLY IMMEDIATELY BY CERTIFIED MAIL OF ANY CHANGES IN THIS INFORMATION OR IN MY/OUR FINANCIAL STATUS MY/OUR INTEREST OR POSITION IN ANY PARTNERSHIP OR CORPORATION WHICH PURCHASE MATERIALS FROM DELTA A/C SUPPLY.

IN THE EVENT A LEGAL ACTION IS COMMENCED SOLELY TO ENFORCE ANY OF THE TERMS OF PURCHASE OR OBLIGATIONS CREATED HEREBY OR HEREINAFTER THE LEGAL ACTION WILL BE COMMENCED IN AND THE PROPER JURISDICTION IN THE COUNTY IN WHICH THE DISTRIBUTING WAREHOUSE IS LOCATED. I\ WE AGREE TO PAY COST OF COLLECTING PAST DUE AMOUNTS INCLUDING, BUT NOT LIMITED TO ATTORNEY FEES, COLLECTION FEES, AND COURT COST.

NO TERM OR CONDITION HEREOF MAY BE CHANGED EXCEPT BY WRITTEN CONSENT OF DELTA A/C SUPPLY'S CREDIT MANAGER.

PLEASE SIGN AND RETURN TO DELTA A/C SUPPLY

I/WE UNDERSTAND, ACKNOWLEDGE AND AGREE TO DELTA'S TERMS AND CONDITIONS AND CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT.

COMPANY NAME _____ DATE: _____

SIGNATURE: _____
OWNER, PARTNER, OFFICER - ONLY

GUARANTEE:

IN CONSIDERATION OF DELTA A/C SUPPLY EXTENDING CREDIT THEREUNDER THE UNDERSIGNED PERSONALLY, JOINTLY AND SEVERALLY AND UNCONDITIONALLY GUARANTEE AND PROMISE TO PAY DELTA ON DEMAND ANY AND ALL INDEBTEDNESS OF THE ABOVE NAMED APPLICANT. THIS IS A CONTINUING GUARANTEE AND THE OBLIGATIONS CREATED HEREBY ARE UNAFFECTED BY ANY CHANGE IN TERMS OF THE ORIGINAL INDEBTEDNESS BETWEEN DELTA AND THE ABOVE NAMED APPLICANT.

SIGNATURE: _____ DATE: _____

HOME ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

ALL INFORMATION IN THIS APPLICATION WILL BE TREATED STRICTLY CONFIDENTIAL.

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND THE ORIGINAL MAILED. FAXED OR E-MAILED COPIES ARE NOT ACCEPTABLE. ORIGINAL SIGNATURES MUST BE ON FILE.