

# PAYMENT TERMS



## PAYMENT TERMS

Payment terms are Net 30 from date of invoice. All invoice dates are the shipping date, as invoices are generated immediately upon shipment. Accounts will be held for shipment if any invoice exceeds 90 days from invoice date, and payment will be required before credit status can be reinstated.

## INTEREST

Delta assesses interest at 1.5%/month (18% APR) on any invoice that is more than 61 days past invoice date on the last day of each month. Interest invoices are due upon receipt. Although we do not charge interest upon interest, all interest invoices are due upon receipt and will also create a shipment hold if they remain unpaid after 31 days from invoice date.

## METHOD OF PAYMENT

Payments are accepted either by check or ACH wire transfer.

Accounts Payable Team Email : [daccounts@deltacontrols.com](mailto:daccounts@deltacontrols.com)



## CREDIT APPLICATION FORM

<b>NAME OF BUSINESS (Billing Address)</b>		
Name:		
Contact:		
Address:		
City:	State/Province:	Zip/Postal Code:
Phone:	Fax:	Email:
<b>IMPORTANT:</b> For US Accounts A State Sales Tax Exemption/Resale Certificate AND Federal ID/IRS number is required – <u>please attach with Application Form</u> For Canadian Accounts, a Provincial Sales Tax Exemption Certificate is required		<b>US Accounts - Federal ID/IRS No.</b>

<b>FORM OF BUSINESS</b>				
(Check applicable box)	Proprietorship	<input type="checkbox"/>	Partnership:	<input type="checkbox"/>
	Corporation:	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

**Please attach a copy of your current Financial Statements**

<b>ACCOUNTS PAYABLE</b>					
Contact:		Position:			
Address:					
Telephone:		Facsimile:		Email:	

**Terms: Net thirty (30) days. All invoices are due 30 DAYS from the Invoiced date. As a condition of sale a monthly charge of 1.5% will be assessed to all accounts not paid within 61 days from date of invoice.**

<b>BANKING INFORMATION</b>			
Bank Name:		Account no.:	
Address:			
Telephone:		Facsimile:	
Contact:		Position:	

<b>CREDIT REFERENCES</b>				
	<u>Vendor Name</u>	<u>Address</u>	<u>Email</u>	<u>Telephone</u>
1.				
2.				
3.				

**THIS IS NOT A PERSONAL GUARANTEE:**

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize **DELTA CONTROLS INC.**, to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I/we further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Position: \_\_\_\_\_

**To be completed by Sales Rep – provide brief history of new partner, bio of key personnel, etc.**

APPROVED BY:

\_\_\_\_\_

- Business Development Manager

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SIGNATURE

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DATE

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