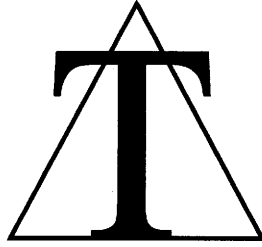


APPLICATION FOR CREDIT

Remit to:

Delta-T, Inc.
311-B Franklin St.
De Pere, WI 54115
ph: 920-347-9180
fax: 920-347-9181



Delta-T, Inc.

Manufacturers Representative of HVAC Products

Date _____

Legal Business Name _____

Billing Address _____

Shipping Address _____

Phone: _____

Fax: _____

E-mail: _____

County _____

Federal I.D. No. or Social Security No. _____

Check One: Corporation Partnership Other _____

Sales Taxable: Yes No (if no, attach exemption form)

Owners, Partners and Corporate Officers:

Name	Title	Ownership Percent
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year Business Started _____ P.O. # Required: Yes No (circle one)

Type of Business _____

Business References:

1. Name _____	2. Name _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Zip _____ Phone _____	Zip _____ Phone _____
Fax _____ Account# _____	Fax _____ Account# _____

1. Name _____	4. Name _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Zip _____ Phone _____	Zip _____ Phone _____
Fax _____ Account# _____	Fax _____ Account# _____

Bank _____ Account No. _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Fax: _____ Contact: _____

Terms: 1% 10 days, Net 30 days