



DEL HYDRAULICS, INC.
50 STRADTMAN AVE.
BUFFALO, NY 14206
PHONE: (716) 853-7996
FAX: (716) 853-8003

CUSTOMER INFORMATION FORM:

Date: _____

NAME OF COMPANY: _____ **Street:** _____

City: _____ **State/Zip:** _____ **County:** _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____

Mobile Phone: (____) _____ - _____ **Email:** _____ **Website:** _____

Type of Business: _____ **# Years in Business:** _____

Sales Tax Exemption #: _____ **Federal ID #:** _____

Check One: _____ **Corporation** _____ **Partnership** _____ **Sole Proprietorship**
 _____ **Individual** _____ **Government** _____ **LLC** _____ **LLP**

Anticipated yearly volume: _____ **Initial Order:** _____

Type of Purchase Control System: _____ **Purchase Order Only:** _____

If other, please specify and list names of persons authorized: _____

NAMES OF OFFICERS/OWNERS:

Name: _____ **Title:** _____ **% of Ownership:** _____

Street: _____ **City:** _____ **State/Zip:** _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ **If Yes, Details:** _____

Bankruptcy Filed: _____ **If Yes, Date, City & State of Filing:** _____

Name: _____ **Title:** _____ **% of Ownership:** _____

Street: _____ **City:** _____ **State/Zip:** _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ **If Yes, Details:** _____

Bankruptcy Filed: _____ **If Yes, Date, City & State of Filing:** _____

CREDIT AND TRADE REFERENCES:

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

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BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

BANK: _____ **BRANCH:** _____ **CHECKING ACCT #:** _____

CONTACT: _____ **PHONE NUMBER:** _____ **LOAN #:** _____

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of New York law, under jurisdiction of the State of New York Courts and that venue in any such action shall be in the County of Erie.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge may be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization .

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: _____

SIGNED: _____
Full Company Name

BY: _____

TITLE: _____

OFFICE USE ONLY:

DATE RECEIVED: _____

APPROVED BY: _____

DECLINED BY: _____

Individual Personal Guaranty

Date _____, 20_____

I, _____ residing at _____

for and in consideration of your extending credit at my request to _____

(hereinafter referred to as the "Company"), of which I am _____

Hereby personally guarantee to you the payment at _____ in the State of

_____ of any obligation of the Company and I hereby agree to

bind myself to pay you on demand any sum which may become due to you by the Company

whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a

continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. I

hereby waive notice of default, non-payment and notice thereof and consent to any modification

or renewal of the credit agreement hereby guaranteed.

Signature _____

Witness: _____

Address: _____

Joint Personal Guaranty

Date _____, 20_____

We, _____ and _____, spouse
residing at _____, for and in consideration of your extending
credit at our request to _____ (hereinafter referred to as the
“Company”), of which _____ is _____
hereby personally guarantee to you the payment at _____ in the State of
_____ of any obligation of the Company and we hereby agree to
bind ourselves to pay you on demand any sum which may become due to you by the Company
whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a
continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. We do
hereby waive notice of default, non-payment and notice thereof and consent to any modification
or renewal of the credit agreement hereby guaranteed.

Signature _____

Signature _____

Witness: _____

Address: _____
