



Account Application

Send application to:
PO Box 3524
Boulder, CO 80307
U. S. A.

Full Company Name: _____

Invoice To: _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Email _____

Ship To: _____

Address _____

City _____ State _____ Zip _____

Owner's Name: _____ Title _____

How long in business? _____ How long at current address? _____

Form of Organization (check one): Proprietorship Partnership Corporation

Retailer/Organization Type (check one):

Survival Gear Surplus Outdoor Gear Military Other _____

I would like to receive (check any that apply):

Price Sheet Updates Catalogs Sale Notifications

I prefer to receive the above selections via (check any that apply):

Mail Phone Fax Email

Authorized Purchasing Agents (names & titles):

1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____

Confirmation of Information:

I hereby certify that all of the information on the Account Application is correct. The information on the Account Application will only be used to complete my order and will never be submitted to a third party without my express written consent. My email address will only be used to answer questions that I submit or used by Delta Gear, Inc.[®] staff member to ask questions about an order I have placed. I further assume responsibility for all purchasing agents and employees of the undersigned until written notice to the contrary is given.

Owners Signature: _____ Date _____

Mail completed application along with a copy of sales license.