

# Delta New User Request Form

Please fill-in the information below for the person who will need access to the tank readings. Then, send the completed form to [vrldeltanew@rochestersensors.com](mailto:vrldeltanew@rochestersensors.com).

**Allow 2 business days for activation of account on the Delta Platform.**

Share the link below with the account owner:

[RMS Delta](#)

| Required Fields:                                     |
|--|
| <b>Distributor Information</b>                       |
| Distributor Company Name:                            |
| Distributor Contact Name (First and Last):           |
| Distributor Contact Email Address:                   |
| <b>End Customer Billing Information</b>              |
| Company Name:  |
| Company Address (Street, City, State, Country):      |
| Website URL:   |
| <b>Invoice Contact Information</b>                   |
| Invoice Contact Name (First and Last):               |
| Invoice Contact Email Address:                       |
| Invoice Contact Phone Number:                        |
| Currency:  |
| VAT Number/Company Tax Number:                       |
| <b>Site Contact Information</b>                      |
| Contact Name (First and Last):                       |
| Contact Email Address:                               |
| Contact Phone Number:                                |
| Site Address (Street, City, State, Country):         |
| <b>Activated Modems to be Assigned to this User:</b> |
| Serial Number(s):                                    |