



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered company address City, State ZIP Code			

### BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

### AGREEMENT

1. Purchases From Star Industrial Supplies Will be: ( ) Taxable ( ) Resale\* ( ) Exempt (other than resale)\*\*
2. Colorado Resale Number: \_\_\_\_\_
3. City or other resale number: \_\_\_\_\_
4. Line of business involving the sale of our product: \_\_\_\_\_
5. \*\* Reason for exemption: \_\_\_\_\_
6. Exemption Number: \_\_\_\_\_

**CREDIT APPLICATION-CONTINUED**

PLEASE NOTE: For all accounts that are either RESALE or EXEMPT status, we must have a copy of your resale or exemption certificate **on file**. You may fax it to (303) 297-8422 or send it via email to orders@redstarrags.com. This, along with your declared line of business involving the sale of our product will be used as proof of status in case of an audit. In case of an audit, the CUSTOMER is responsible for declaring the proper status. This includes payment of any back taxes due

In consideration of the extension of an open account by Star Industrial Supplies, I agree to adhere to the terms of sale as printed on each invoice, and to pay reasonable attorney and collection fees should the account be placed for collection. A carrying charge of 1.5% (18% per annum) will be charged from invoice date on all invoices exceeding 60 days old, based on the original invoice date.

<b>SIGNATURES</b>			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

DO NOT WRITE BELOW THIS LINE

CREDIT LINE

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

CREDIT LINE

UPDATED: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

REASON FOR

UPDATE: \_\_\_\_\_

CREDIT CHECKED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

Date Opened	Last Sale	High Credit	Owes	Past Due	Terms	Pays

