

Fax to: 314.567.6306
Attn: Lisa/Vicki



11700 Fairgrove Ind. Blvd
Maryland Heights, MO 63043
Phone 800.325.4259

Application for Credit

BUSINESS INFORMATION

Legal Company Name _____ Years in Business _____
Address _____ City _____ State _____ Zip _____
Company Phone _____ Fax _____ State of Organization _____
Business Structure: Corp. Partnership Proprietor LLC Federal ID # _____
Contact Person _____ Phone _____ Email _____

PRINCIPLE INFORMATION

Name _____ Title _____ Phone # _____
Name _____ Title _____ Phone # _____

BANK & TRADE REFERENCE

Bank Name _____ Branch Location _____ Officer _____
Phone # _____ Account # _____ Type of Account _____
Name of Supplier 1 _____ Phone # _____
Contact _____ Fax _____
Name of Supplier 2 _____ Phone # _____
Contact _____ Fax _____
Name of Supplier 3 _____ Phone # _____
Contact _____ Fax _____

Check Here

Please indicate net terms OR financing below with an X in appropriate check box

NET 30 DAY CREDIT TERMS ARE AVAILABLE WITH APPROVED CREDIT

All amounts due Starrco are Payable in full 30 days from the date of our invoice with no retainage. All unpaid amounts will be subject to a late payment fee of 1½ % per month. Buyer shall pay Starrco all costs of collection on past due amounts, including but not limited to reasonable attorney's fees. These terms and conditions shall replace all terms and conditions of Buyer's order and apply to this and all future orders.

Purchaser agrees to submit to the jurisdiction of the courts of the State of Missouri, waives any and all rights to venue and agrees that any litigation shall be instituted in the courts of St. Louis County, State of Missouri.

Orders of \$50,000 will require a manufacturing deposit with the purchase order and may require progress payments depending on the overall size of the order.

I certify that all the information on this form is correct and that we fully understand and agree to abide by your credit terms.

AUTHORIZED SIGNATURE: X _____ TITLE: _____ DATE: _____

If applicable, please include a copy of your Exemption Certificate

Check Here

FINANCE TERMS ARE AVAILABLE UP TO 60 MONTHS WITH APPROVED CREDIT ON PURCHASES OVER \$10,000

Principle Home Address _____ Social Security # _____ - _____ - _____ % Owned _____

Principle Home Address _____ Social Security # _____ - _____ - _____ % Owned _____

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of it obligations, provides written instruction to Starrco Company, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE: X _____ TITLE: _____ DATE: _____

AUTHORIZED SIGNATURE: X _____ TITLE: _____ DATE: _____