

# VANDOR/STARMARK CUSTOMER APPLICATION

Please complete and FAX this application to 765-966-7677 at your earliest convenience.

Company Name: \_\_\_\_\_

Billing Address

Ship to (if different from Billing address)

_____	_____
_____	_____
_____	_____

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Business: Corporation \_\_\_\_ Partnership \_\_\_\_ Proprietorship \_\_\_\_ Other \_\_\_\_

State of Incorporation: \_\_\_\_\_ Year Business Started: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**List two Officers, Partners or Owners:**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Business & Credit References:**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Bank References:**

1. Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant authorizes Vandor/Starmark to contact its trade and bank references for credit information in connection with this application. Applicant further authorizes any person or credit agency to furnish to Vandor/Starmark any information that it may have or obtain in response to such inquiries. Applicant hereby certifies that the foregoing figures and statements contained in this application or attached hereto are true and correct and are furnished to Vandor/Starmark for the purpose of inducing Vandor/Starmark to extend credit to the applicant.

The individual executing this Application on behalf of the party seeking to establish credit hereby represents and warrants that he or she is duly authorized to execute and deliver this Application on behalf of such party and that such execution is binding upon such party. Applicant's signature attests to financial responsibility, ability and willingness to pay invoices in accordance with Vandor/Starmark's terms.

Credit terms are NET 30 days from the date of invoice. [NOTE: WE DO ACCEPT American Express, MasterCard, Discover and Visa CREDIT CARDS FOR PAYMENT] Applicant agrees to pay Vandor/Starmark such payment by or on due date. If this account is given to an attorney for collection, or if suit is brought for collection, or if it is collected through probate, bankruptcy or other judicial proceeding then Applicant shall pay to Vandor/Starmark all cost of collection, including reasonable attorney's fees and court cost, in addition to other amounts due.

**COMPANY:** \_\_\_\_\_

**SIGNATURE of OWNER or OFFICER (Required):** \_\_\_\_\_

**PRINT NAME OF OWNER/OFFICER** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Tax Exempt** \_\_\_\_\_ **(If yes, please provide Resale or Exemption Certificate)**