



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Name and Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
EIN/TIN:		Resale Permit Number:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All Invoices to be paid within 30 days from the date of the invoice, after which; a 1 ½ % per month Service Charge will be applied to Balance. The Laws of the State of Virginia shall apply to Collections thereafter.
2. Claims arising from Invoices must be made within seven working days, Damage Claims upon Delivery.
3. By submitting this application, you authorize 3 Star Inc. to make inquiries into the banking and business/trade references that you have supplied. This Information may be used in Collections if warranted.

SIGNATURES

Title: Date:	Title: Date:
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