



CUSTOMER INFORMATION AND CREDIT APPLICATION

Customer Name: _____ Tax ID: _____
Address: _____
City, State, Zip: _____
Contact: _____
Title: _____
Phone: _____ Fax: _____
Email: _____ P. O. # assigned: _____

TRADE REFERENCES

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Product/Service Supplied: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Product/Service Supplied: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Product/Service Supplied: _____

If you are exempt from paying tax on an item, please provide us with a properly completed exemption certificate.

PAYMENT TERMS ARE NET 30 DAYS

Signature of Authorized Person Date

FAX TO NORSTAR INTERNATIONAL LLC
ATTN: CREDIT DEPARTMENT
413-235-6328

Remit To Address: Norstar International LLC
P.O. Box 634670
Cincinnati, OH 45263-4670