

# starbeam

LIGHTING SOLUTIONS

1360 Baur Blvd.  
St. Louis, MO 63132  
(314) 997-0077

Fax: (314) 997-7630

FOR OFFICE ONLY

SALES ID #

**CREDIT APPLICATION: We look forward to serving you.**

COMPANY NAME: \_\_\_\_\_

P.O. BOX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

HOW LONG IN BUSINESS: \_\_\_\_\_

BUSINESS:  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

OWNER'S NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

## REFERENCES:

BANK: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK REPRESENTATIVE: \_\_\_\_\_

CHECKING ACCOUNT NO.: \_\_\_\_\_

### CREDIT RECORD

Listed with Dunn & Bradstreet

Not Listed with Dunn & Bradstreet

## TRADE REFERENCES:

Provide a minimum of 3 Trade References

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## AUTHORIZATION:

CREDIT LIMIT REQUESTED: \$ \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

TAX EXEMPT:  YES  NO

TAX IDENTIFICATION NO.: \_\_\_\_\_

TERMS: **NET 30 DAYS**

1 - 1/2% Per Month (18% Per Year) On Unpaid Balances

**I agree to TERMS as above and grant authorization to Starbeam Supply for release of credit information from my creditors.**

Authorized Signature

Title

Date

INITIAL REP: