

CONFIDENTIAL INTERNATIONAL CUSTOMER CREDIT APPLICATION FORM

BUSINESS CONTACT INFORMATION

Company Name:		Owner/Officer Name:	
Billing Address:		Shipping Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
Accounts Payable Contact Name:		Phone Fax	
Accounts Payable E-mail:		Method of Payment Requested:	<input type="checkbox"/> 45 DAYS W/T <input type="checkbox"/> W/T IN ADVANCE

BUSINESS AND CREDIT INFORMATION

Date Business Established:		How long at Current Address?	
Type of Business:	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Bank Name:		Bank Address:	
City:		State:	
Zip Code:		Phone Number:	
Fax:		Account Number:	
E-mail:		Type of Account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES — PLEASE FILL OUT IF YOU WISH TO PAY 45 DAYS AFTER SHIPMENT VIA WIRE TRANSFER

Company Name:		Phone:	
Address:		City:	
State:		Zip Code:	
E-mail:		Contact Name:	
Company Name:		Phone:	
Address:		City:	
State:		Zip Code:	
E-mail:		Contact Name:	

Company Name:		Phone:	
Address:		City:	
State:		Zip Code:	
E-mail:		Contact Name:	
Company Name:		Phone:	
Address:		City:	
State:		Zip Code:	
E-mail:		Contact Name:	

SHIPPING INFORMATION

Receivers Identification No. for Customs Purposes: (V.A.T., Importer's No., RFC No., Etc...)			
Preferred Shipping Carrier:		Shipping Carrier Account No.:	

WIRE TRANSFER PAYMENTS SHOULD BE MADE IN U.S. DOLLARS TO THE FOLLOWING:

NAME: BANK OF AMERICA N.A.	ADDRESS: 100 N TRYON ST., CHARLOTTE, NC 28255-0001	ACCOUNT NAME: STAR METAL PRODUCTS CO., INC.	ACCOUNT TYPE: CHECKING
S.W.I.F.T. CODE INTERNATIONAL WIRES: BOFAUS6S	ROUTING NUMBER WIRE TRANSFER: 026009593	ROUTING NUMBER ACH/ELECTRONIC TRANSFER: 081904808	CHECKING ACCOUNT #: 291013821535

AGREEMENT

- Payment Terms:** All sums owing STAR METAL PRODUCTS CO by CUSTOMER shall be paid in accordance with the terms and conditions expressed on any STAR METAL PRODUCTS CO quotation or invoice. If approved for an open account, payments will be Net 45 days from date of invoice via wire transfer. The CUSTOMER agrees to notify STAR METAL PRODUCTS CO in writing, of any error in any invoice within (10) days after the date of that invoice. If not so noticed, the invoice shall be deemed to be correct and accepted as rendered. Failure to make timely payment shall result in CUSTOMER being placed on credit hold, where STAR METAL PRODUCTS CO will not provide quotations, stop all production on CUSTOMER parts, and stop all shipments to CUSTOMER.
- By submitting this application, you authorize Star Metal Products Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.
- By signing this application, you agree to the payment terms stated above.

SIGNATURES

Authorized Signature		Authorized Signature	
Name and Title		Name and Title	
Date		Date	