

CREDIT APPLICATION

(CONFIDENTIAL)

DarStar Enterprises, Inc.

**3 Longwood Way
Lemont, IL 60439**

**Tel (630) 243-8600
Fax (630) 243-8668**

Legal company name _____

D/B/A _____

Billing address _____ City _____ St _____ Zip _____

Shipping address _____ City _____ St _____ Zip _____

Phone (____) _____ Fax (____) _____ A/P Contact _____

Federal Tax I.D. No. _____ ASI # _____

Requested Credit Limit \$ _____

Number of years in business _____ Number of years at present address _____

Have you done business under any other name or any other location? Yes No

If yes, please specify name and/or address: _____

PLEASE COMPLETE (which ever is applicable)

PUBLIC CORPORATION

President _____
Name Location

Chief Financial Officer _____
Name Location

PRIVATE CORPORATION PARTNERSHIP or LLC or LLP PROPRIETORSHIP

President/Owner _____
Name S.S.#
Address

Treasurer _____
Name S.S.#
Address

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Credit Policy and Terms

DarStar extends credit based on an assessment of the applicant's ability to pay its creditors within terms and is granted solely by the discretion of DarStar Enterprises, Inc.

The undersigned agrees to the following terms and conditions:

- 1) Terms are Net 30 days and stated on the individual invoices. Payment must be post marked on or before due date.
- 2) Payment in advance may be required until the credit manager approves open terms.
- 3) No shipments will be made to delinquent accounts. No other orders will be entered until all invoices are brought current within the 30 days.
- 4) We agree to pay a service charge of 1.5% per month, equal to 18% per year, on any overdue amounts.
- 5) We agree to pay any collection costs and/or attorney's fees that may be incurred due to our account being delinquent.
- 6) The undersigned understands that DarStar Enterprises, Inc's invoices become due upon demand if the financial condition of the applicant deteriorates significantly.

We fully understand and agree to your terms and policy listed above.

Applicants signature certifies that the above information is correct. As part of the application for credit, we grant permission to contact consumer credit reporting agencies, commercial credit reporting agencies, bank and trade references as necessary.

Authorized Signature

Owner/Title

Date

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Bank/Trade Reference Sheet

Customer Trade Name _____

Street address _____

City _____ St _____ Zip _____

Bank Reference

Bank Name _____ Officer _____

Account Name & Number _____

Address _____ City _____ St _____ Zip _____

Phone (____) _____ Fax (____) _____

Trade References

Name _____ Account # _____

Address _____ City _____ St _____ Zip _____

Phone (____) _____ Fax (____) _____

Name _____ Account # _____

Address _____ City _____ St _____ Zip _____

Phone (____) _____ Fax (____) _____

Name _____ Account # _____

Address _____ City _____ St _____ Zip _____

Phone (____) _____ Fax (____) _____

Authorized Signature

Owner/Title

Date