

STAR HEADLIGHT & LANTERN CO., INC.

2013 Marks our 124th Year of Servicing the
Railroad, Automotive, and Industrial Markets
An ISO 9001:2008 Certified Company

We Manufacture What We Sell!

To: _____ From: _____
Company: _____ Fax: (585) 226-2029

STAR & SVP Credit Application Form

Company Information:

Please Check: Star Account _____ SVP Account _____ Reps Name _____

Name of Company: _____

Mailing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Sales E-Mail Address: _____ A/P E-Mail Address: _____

Web Site: _____

Type of Business: _____

Telephone: () _____ - _____ Fax: () _____ - _____

A/P Telephone: () _____ - _____ A/P Fax: () _____ - _____

Officer/Owner: _____ Purchasing Agent: _____

Accts. Payable: _____ Years in Business: _____

Charge Card # _____ EXP: _____ 3 Digit Security Code# _____
(If you would like to be a credit card account)

Bank Information:

Bank Name: _____

Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Contact: _____



**STAR HEADLIGHT & LANTERN CO.,
INC.**

455 Rochester Street
Avon, NY 14414
Phone: 585-226-9500
Fax: 888-478-2797
www.starheadlight.com



Trade References:

Please list 5 companies in which you are currently engaged in business with, excluding banks.
Please list phone numbers and fax numbers.

- 1. **Name:** _____ **Telephone:** () _____ - _____
Address: _____ **Fax:** () _____ - _____
City: _____ **State:** _____ **Zip:** _____

- 2. **Name:** _____ **Telephone:** () _____ - _____
Address: _____ **Fax:** () _____ - _____
City: _____ **State:** _____ **Zip:** _____

- 3. **Name:** _____ **Telephone:** () _____ - _____
Address: _____ **Fax:** () _____ - _____
City: _____ **State:** _____ **Zip:** _____

- 4. **Name:** _____ **Telephone:** () _____ - _____
Address: _____ **Fax:** () _____ - _____
City: _____ **State:** _____ **Zip:** _____

- 5. **Name:** _____ **Telephone:** () _____ - _____
Address: _____ **Fax:** () _____ - _____
City: _____ **State:** _____ **Zip:** _____

Also please send a copy of your Sales Tax I.D. for our files.

Credit Terms are 30 days from date of invoice. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Name Title Date

WHEN COMPLETE PLEASE FAX BACK TO 585-226-2029