



Star Headlight & Lantern Co., Inc.

2022 Marks our 133 Years of Servicing the Railroad,
Automotive, and Industrial Markets

An ISO 9001:2015 Certified Company

Proudly Designed, Manufactured, and Assembled in the USA!

STAR & SVP Credit Application Form

Company

Information:

Please Check: Star ____ SVP ____ Reps Name: _____

Name of Company: _____

Mailing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Web Site: _____

Type of Business: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

Officer/Owner: _____ Years in Business: _____

Federal Tax ID No. _____ **Also please send a copy of your Sales Tax I.D. for our files.**

Key Contacts:

A/P (for invoices/credit memos): First: _____ Last: _____

A/P Phone: _____ Ext _____

A/P Email Address: _____

Sales (for sales/marketing info): First: _____ Last: _____

Sales Phone: _____ Ext _____

Sales Email Address: _____

Purchasing (for PO confirms/tracking): First: _____ Last: _____

Purchasing Phone: _____ Ext _____

Purchasing Email Address: _____

Bank Information:

Bank Name: _____

Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Contact: _____

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

Trade References:

Please list 4 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:** _____

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 OR EMAIL
TO AcctsRec@star1889.com**



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