



CREDIT APPLICATION

COMPANY INFORMATION

Business Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Email: _____

Business Type: Individual Partnership Corporation
 Other _____

Federal Tax ID: _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Names and addresses of owners, partners and officers:

Name: _____

Social Security Number: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Name: _____

Social Security Number: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

ORDERING INFORMATION

Are written Purchase Orders required? Yes No

Is merchandise for resale? Yes No

If for resale, please provide the sales tax certificate.

Purchasing Agent: _____

Phone: _____ Fax: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____

BANK INFORMATION

Bank Name: _____

Account Number: _____

Bank Contact Officer: _____

Phone: _____ Fax: _____

Bank Address: _____

City: _____ State: _____ ZIP Code: _____

TRADE REFERENCES

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Account Opened Since: _____

Credit Limit: \$ _____ Current Balance: \$ _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Account Opened Since: _____

Credit Limit: \$ _____ Current Balance: \$ _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Account Opened Since: _____

Credit Limit: \$ _____ Current Balance: \$ _____

Our Terms: All accounts are COD until a credit application has been approved. Our terms for the charge account are Net 30 Days. If any charge account has not been paid in full when due, the applicant agrees to pay all costs of collection, including a reasonable attorney's fee.

The Credit Applicant Accepts the above terms and states that all information contained in this credit application is true and correct. The Credit Applicant authorized the creditor to contact all listed references.

Signature of the Applicant: _____ Date: _____

Name of the Applicant: _____

GreenStar Auto Recyclers

7000 N. Orange Blossom Trail • Orlando, FL 32810

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