

NORSTAR OFFICE PRODUCTS dba: Boss Office Products / Presidential Seating Industrial

5353 JILLSON ST.
COMMERCE, CA 90040

TEL: (323) 262-1919
FAX: (323) 262-2300 or (323) 262-2210

New Account Application

*** All California/Georgia customers must provide a copy of their valid permit. Along with a signed resale certificate***see 2nd page**Multi-jurisdiction resale certificate**

****Signature required at the bottom of the page****

*****TO COMPLETE THIS PROCESS, PLEASE PROVIDE ALL INFORMATION REQUESTED *****

* BUSINESS NAME _____ dba: _____ *YEAR ESTABLISHED _____

* BILL TO ADDRESS _____ *CITY _____ *STATE _____ *ZIP _____

* TEL (____) _____ *FAX (____) _____ * E-MAIL _____

* DO YOU HAVE MULTIPLE LOCATIONS? _____ * WILL ANY OF YOUR ORDERS DROP SHIP INTO CA / GA? _____ Y ___N
(Attach list if more than one) ** if yes, provide valid resale certificates for CA and your home state **

SHIP TO ADDRESS (if different from Billing): _____ CITY: _____ STATE: _____ ZIP: _____

* Please provide the business web address: _____

* PRIMARY CONTACT : : _____ * TEL (____) _____ * FAX: (____) _____ * E-MAIL _____

* BUYERS NAME: _____ * TEL (____) _____ * FAX: (____) _____ * E-MAIL: _____

* A/P CONTACT: _____ *TEL: (____) _____ *FAX:(____) _____ *E-MAIL: _____

* DESCRIPTION OF BUSINESS: _____ *RESALE #: _____ *FEI # _____

* HOW WERE YOU REFERRED TO NORSTAR? *Sales Rep Name: _____ Other: _____

* BUYING GROUP AFFILIATION (If any / List all that apply): _____

* TYPE OF ENTERPRISE: () CORPORATION IN THE STATE OF _____ () PARTNERSHIP () SOLE PROPRIETORSHIP
*** IF THE COMPANY IS A SOLE PROPRIETORSHIP, PLEASE PROVIDE US WITH THE OWNERS INFORMATION ***

Owner's name: _____ Address: _____ City: _____ State: _____ Zip: _____
Tel: (____) _____ Fax: (____) _____ E-mail: _____

****TRADE REFERENCES** Please fill in Trades & Bank if you are applying for credit****

* COMPANY NAME: _____ ACCT# _____

CONTACT: _____ *TEL: (____) _____ * FAX: (____) _____

* ADDRESS: _____ * CITY: _____ * STATE: _____ * ZIP: _____

* COMPANY NAME: _____ ACCT# _____

CONTACT: _____ *TEL: (____) _____ * FAX: (____) _____

* ADDRESS: _____ * CITY: _____ * STATE: _____ * ZIP: _____

* COMPANY NAME: _____ ACCT# _____

CONTACT: _____ *TEL: (____) _____ * FAX: (____) _____

* ADDRESS: _____ * CITY: _____ * STATE: _____ * ZIP: _____

****BANK REFERENCES** Please fully complete information & include a copy of your voided company check to expedite process.**

(Attach list if more than one bank and or account)

** BANK NAME _____ ACCT# _____

* CONTACT: _____ * TEL: (____) _____ * FAX: (____) _____

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION
THE CONFIDENTIAL INFORMATION HEREIN IS FOR THE PURPOSE OF OBTAINING MERCHANDISE FROM **NORSTAR OFFICE PRODUCTS, INC.** THE INFORMATION DISCLOSED HEREIN IS TRUE & ACCURATE TO THE BEST OF MY KNOWLEDGE. THIS APPLICATION HEREBY AUTHORIZES THE RELEASE OF CREDIT AND OTHER INFORMATION, INCLUDING BANKING INFORMATION, WHETHER VERBAL OR WRITTEN.

**SIGNATURE: _____ TITLE: _____ DATE: _____

**PRINT NAME: _____

NOTE: YOUR ACCOUNT WILL BE SETUP ON PREPAID CASHIER CHECK TERMS, UNTIL CREDIT CAN BE ESTABLISHED.

REMINDER: PLEASE SIGN AND FAX YOUR COMPLETED APPLICATION TO: "ATTN: CREDIT" AT YOUR EARLIEST CONVENIENCE. THANK YOU!

