



Complete the following and email the form to rubin@starboardtech.com or send via fax at Fax: 321.676.3171.

OPEN ACCOUNT CREDIT APPLICATION

Firm Name		Telephone
Address	City - State	Zip
Name of Parent Co, if subsidiary div		
Address	City - State	Zip

Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	How long in present business?
Type of Business	Year Incorporated Number of Employees
Tax Status of Purchaser number <input type="checkbox"/> All taxable <input type="checkbox"/> All items tax exempt	Tax exempt certificate enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No

CREDIT REFERENCES

Name	Name
Address	Address
City, State, Zip Email	City, State, Zip Email

Name	Name
Address	Address
City, State, Zip Email	City, State, Zip Email

BANK REFERENCES

Name	Address
Branch	City, State, Zip
Name of your Account Officer	Account number Account Type <input type="checkbox"/> Commercial <input type="checkbox"/> Savings <input type="checkbox"/> Other

I hereby certify that I am authorized to represent the entity listed above. I certify the information presented on this form is true and complete to establish an open account (Net 30 days) terms with STARboard TECHNOLOGY. The undersigned promises to pay for all purchases in accordance with STARboard TECH terms of sale.

Signature

Title

Printed Signature

Date

115 E. New Haven Avenue
 Melbourne, FL 32901
 Ph: 321.676.3711 Fax: 321.676.3171

