



International Operations Account Application

COD Account
No References Required

Credit Application
References Required

Intlsales@transtar1.com
Fax: (440)232-7898

All areas of this form must be completed by Applicant and submitted to Int'l Operations.

<p>BILL TO:</p> <p>Business Name: _____</p> <p>Street Address: _____</p> <p>_____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>Postal Code: _____ Country: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email Address: _____</p>	<p>SHIP TO:</p> <p>Business Name: _____</p> <p>Street Address: _____</p> <p>_____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>Postal Code: _____ Country: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email Address: _____</p>
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Do you now or have you ever had an account with Transtar Industries, Inc.? Yes No

If yes, please provide your Transtar Customer Number: _____

<p>BUSINESS PROFILE:</p> <p>No. of years at this location: _____</p> <p>No. of locations: _____</p> <p>Other branches or affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of branch or affiliate(s): _____</p> <p><i>(if more than one, please attach an additional page)</i></p> <p>Street Address: _____</p> <p>_____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>Postal Code: _____</p> <p>Country: _____</p> <p>Phone: _____ Fax: _____</p>	<p>TYPE OF BUSINESS:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Individual Owner</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Other _____</p> <p>Business location(s)</p> <p><input type="checkbox"/> Own <input type="checkbox"/> Lease</p> <p>No. of employees _____</p> <p>Federal Tax ID Number: _____</p> <p>Social Security Number: _____</p>
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INFORMATION ON PARTNERS/OFFICERS OF COMPANY:	
<p>Name: _____</p> <p>Title: _____</p> <p>Street Address: _____</p> <p>_____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>Postal Code: _____ Country: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Title: _____</p> <p>Street Address: _____</p> <p>_____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>Postal Code: _____ Country: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

BANK INFO (to be filled out by applicant)

Bank Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____ Phone Number: (_____) _____ - _____
Account Number: _____

**TRADE REFERENCES (to be filled out by applicant):
U.S references if possible**

Contact: _____
Company Name: _____
Address: _____

City _____ State _____ Zip: _____
Country: _____
Phone Number: (_____) _____ - _____

**TRADE REFERENCES (to be filled out by applicant):
U.S references if possible**

Contact: _____
Company Name: _____
Address: _____

City _____ State _____ Zip: _____
Country: _____
Phone Number: (_____) _____ - _____

**TRADE REFERENCES (to be filled out by applicant):
U.S references if possible**

Contact: _____ Company Name: _____
Address: _____
City _____ State _____ Zip: _____ Country: _____
Phone Number: (_____) _____ - _____

- The undersigned authorizes Transtar Industries, Inc., its assigns, affiliates and subsidiaries (hereinafter referred to as "Transtar") to perform the necessary credit investigation on the information provided in this credit application.
- Transtar Standard Terms of sale are Prox 15th (invoices billed one month are due on the 15th of the month following purchase). Actual terms may vary based upon Transtar's credit investigation.
- Late payments or balances higher than your assigned credit limit may result in shipments being held, as will NSF Checks (Non-Sufficient Funds for which a \$30 service fee or the maximum allowed by law will be charged). NSF Checks must be replaced immediately by Certified Funds or Money order.
- Transtar does review credit limits periodically and may make changes based on business growth and payment history. If you desire to raise your credit limit, Transtar may require additional information including a recent audited financial statement.
- Transtar may require security for accounts maintaining larger balances.
- Customers with past due balances or NSF checks are not eligible to receive refund checks from Transtar. All credits will be applied to open balances.
- Transtar is required to collect State and Local Sales Tax for customers unless we have a certificate of exemption on file, or a resale certificate.
- Incomplete Credit Applications will not be processed.

- The undersigned, the principal and shareholder(s) of said company, expressly agrees to indemnify and hold harmless Transtar Industries, Inc., its affiliates, subsidiaries, successors and assigns, because of extension of credit as contained in this application and in the event the undersigned company fails or refuses to pay any amount due to Transtar, the undersigned principals will pay said amount in full upon demand of Transtar, including all interest, finance charges, and attorney's fees in the event it is necessary for Transtar to employ an attorney or other third party firm to collect same, together with the cost of collection. This application replaces and supercedes any previous credit applications with Transtar, its predecessors, affiliates and subsidiaries.
- This is to certify that I am a principal of the business and personally guarantee this account.

Signed: _____ Date: _____

Printed Name: _____

Signed: _____ Date: _____

Printed Name: _____

Revised 01/18/2010

Please Fax or Email to:

Transtar International Operations Fax: +1 440-232-7898
or email to: intlsales@transtar1.com

Transtar Industries Inc.
International Operations
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Cleveland, OH 44146