



CREDIT/INFORMATION FORM

The following information will help us to determine your qualifications for Net 30 Credit Terms for StarQuartz Industries, Inc products. This information will be held in strict confidence and will not be revealed to any third parties.

Company Name: _____

Federal EIN Number: _____

Contact (s): _____

Billing Address: _____

City: _____ State _____ Zip _____

Shipping Address: _____

City: _____ State _____ Zip _____

Office Number: _____ Fax: _____

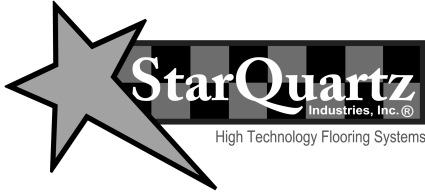
Accounts Payable Contact: _____ Phone: _____

Years in business: _____ # Employees: _____

Additional Information needed:

Sales Tax Exemption Certificate _____ (Attach Copy)

DNB Number: _____



The undersigned on behalf of the Company does hereby certify that the information given is correct and complete. If after reviewing all credit information and distributor qualification is approved, it is agreed and understood by the Company and StarQuartz Industries, Inc that all purchases will be paid in full within agreement terms, unless prior written approval is obtained from StarQuartz Industries, Inc. Any open invoice remaining unpaid after 30 days will be subject to a finance charge of 2% monthly and any and all collections fees that is incurred.

COMPANY agrees to assume the full responsibility of charge purchases made on the account by any of COMPANY'S or agents.

Vendor Credit Check Authorization: The below authorized signature gives authorization to the vendors listed below or vendors listed on the companies letterhead as credit references, to release credit information to StarQuartz Industries, Inc, LLC.

The signatures below constitute a full understanding and agreement to the above terms.

AUTHORIZED SIGNATURE: Company: _____

Print Name	Signature	Date
_____	_____	_____

Note: Fill out the below information or Attach credit history letter with authorized signature to acquire information from 3 vendor references and bank. Please include vendor account number, contact name, address, office and fax numbers.

Vendor References:

1. Company Name _____
 City/State: _____
 Account Number: _____ Contact Name: _____
 Phone: _____ Fax: _____

2. Company Name _____
 City/State: _____
 Account Number: _____ Contact Name: _____
 Phone: _____ Fax: _____

3. Company Name _____
 City/State: _____
 Account Number: _____ Contact Name: _____
 Phone: _____ Fax: _____

Bank Reference: _____
 City: _____ State: _____
 Account number: _____ Phone: _____ Fax: _____