

**Astara**

10700 Jersey Blvd. Suite 420  
 Rancho Cucamonga, CA 91730  
 Fax: (909) 948-2016

**Credit Application**

In order to extend credit, we need all information requested on this form. If you have any questions, please contact Astara's Director of Operations or Accounting Manager at (909) 948-7412. Terms are Net 30 days on all orders. First order for all new customers must be prepaid.

Company/Org. Name \_\_\_\_\_ Sales Tax Exemption # \_\_\_\_\_

Company/Org. Type \_\_\_\_\_ # of Years in Existence \_\_\_\_\_ Phone # \_\_\_\_\_

Your Name & Title \_\_\_\_\_ Your Email Address \_\_\_\_\_

Business Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country(*if not U.S.A.*) \_\_\_\_\_

Shipping Address (*if different*) \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country(*if not U.S.A.*) \_\_\_\_\_

***Please List Three Business References Below:***

1. Business Name \_\_\_\_\_ Contact Name & Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country(*if not U.S.A.*) \_\_\_\_\_ Phone \_\_\_\_\_

2. Business Name \_\_\_\_\_ Contact Name & Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country(*if not U.S.A.*) \_\_\_\_\_ Phone \_\_\_\_\_

3. Business Name \_\_\_\_\_ Contact Name & Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country(*if not U.S.A.*) \_\_\_\_\_ Phone \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_