

COMMERCIAL ACCOUNT APPLICATION

Phone: (519) 455-9675 Toll Free: 1-800-265-1844
 Fax: (519) 455-9425



In the United States:
 StarTech.com USA LLP
 6300 Commerce Center Drive
 Groveport OH 43125

In Canada:
 StarTech.com Ltd.
 45 Artisans Crescent
 London, ON N5V 5E9

Customer No. _____

Anticipated monthly purchase volume: \$ _____

Credit volume applied for: \$ _____

Date: _____

If you are applying for a credit limit of \$10,000 or greater, please include your 2 most recent reviewed or audited fiscal financial statements.

PLEASE ANSWER ALL QUESTIONS COMPLETELY TO AVOID DELAYS

Legal Company Name: _____		Also Known As: _____	
Company Address: _____			
City _____	State/Prov. _____	Zip/Postal Code _____	Tel # _____ Fax # _____
Email Address _____		Website: _____	
Dun & Bradstreet # _____			

Business Structure
 (circle one) Are you a:

1. Parent company? 2. Branch/division/subsidiary? 3. Single location business/organization?

If you are a Parent Company that would like to set up a sub-account:

1. For all sub-accounts where each is billed separately, each sub-account must complete and sign a separate form.
 2. For all sub-accounts billed to THE PARENT account, attach name, address, and phone information of all sub-accounts to this application.

Business Style: (circle one)	Corp	Partnership	Sole Prop.	School Public / Private	Gov't	Nature of Business:
Number of employees: _____				No. of years this business in operation : _____		
Company annual revenue: _____				Building is owned by or building is leased from: _____		
Sales tax exempt number*: _____						

Is your company non-profit: Yes or No	Is your business public or private?
If yes, please state budget and source of funding below:	If public, on which exchange is it listed?

Primary Business Principals-including corporate officers, partnership, sole proprietor etc. (Name, title, home address, telephone)

1/ _____

2/ _____

Purchasing Information:				
Preferred contact:				
Name		Title		Tel#
Billing address (if different from business address):				
City:	State/Prov.:	Zip/Postal Code:	Tel #:	Fax #:
Accounts Payable contact:				
Name		Title		Tel #

BANK	ROUTING/TRANSIT NO.	ACCOUNT NO.
Street :	City:	State/Prov.:
		Zip/Postal Code:
Phone #:	Fax #:	Years with current Bank:

Primary Suppliers (list 3 minimum.)		
1/ Company name	Phone #: Fax #:	Contact:
2/ Company name	Phone #: Fax #:	Contact:
3/ Company name	Phone #: Fax #:	Contact:

PLEASE DO NOT INCLUDE INGRAM MICRO AS A SUPPLIER

*** Tax exempt status for purchases from StarTech.com Ltd and StarTech.com USA LLP:**

US Accounts and Ontario, Canada accounts – if exempt, please provide tax-exempt no., copy of certificate must be attached.

CUSTOMER CREDIT CHECK AUTHORIZATION

The undersigned hereby authorizes StarTech.com Ltd. or StarTech.com USA LLP to investigate all references provided as may be necessary to confirm credit worthiness and financial responsibility. The undersigned further authorizes all trade references listed to provide StarTech.com Ltd. or StarTech.com USA LLP with information relating to credit history, including but not limited to, date account established, credit limits, terms, current balance due, highest previous balance, and past due history. The undersigned further authorizes all bank references listed to confirm to StarTech.com Ltd. or StarTech.com USA LLP the existence of all bank accounts, account balances, and credit lines available to the customer through the bank.

ACCEPTANCE OF TERMS

It is agreed that the buyer will pay all invoices in accordance with stated terms and if not, interest will be assessed on all invoices that are 10 days past their due date at a rate of 1.5% per month (18% per annum).

The terms granted by StarTech.com Ltd. or StarTech.com USA LLP shall override any terms shown on the buyer's purchase order, if different from those granted by StarTech.com Ltd. or StarTech.com USA LLP. The buyer hereby promises to comply with the credit terms granted. Failure to do so may result in a hold on future shipments.

It is agreed that the buyer will pay a \$25.00 handling charge in the event that any cheque written by your company is dishonoured for whatever reason.

The undersigned acknowledges having read all the Terms and Conditions as stated at the following website:

<http://www.startech.com/TandC>, and agrees to abide by these Terms and Conditions.

Authorized Signature: _____
(Must be Company Officer or be duly authorized to legally bind the Company)

Date: _____

Printed Name: _____

Title: _____

Please return completed application by fax (519) 455-9425.

FOR INTERNAL USE ONLY:	
Signature of Finance Department:	Date:
Credit Terms Granted:	Limit: