

# NORSTAR OFFICE PRODUCTS dba: Boss Office Products / Presidential Seating

5353 JILLSON ST.  
COMMERCE, CA 90040

TEL: (323) 262-1919  
FAX: (323) 262-2300 or (323) 262-2210

## New Account Application

**\*\*\* All California/Georgia customers must provide a copy of their valid permit. Along with a signed resale certificate\*\*\*see 2<sup>nd</sup> page\*\*Multi-jurisdiction resale certificate\*\***

**\*\*Signature required at the bottom of page\*\***

**\*\*\*TO COMPLETE THIS PROCESS, PLEASE PROVIDE ALL INFORMATION REQUESTED \*\*\***

\* BUSINESS NAME \_\_\_\_\_ dba: \_\_\_\_\_ \*YEAR ESTABLISHED \_\_\_\_\_

\* BILL TO ADDRESS \_\_\_\_\_ \*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_

\* TEL (\_\_\_\_) \_\_\_\_\_ \*FAX (\_\_\_\_) \_\_\_\_\_ \* E-MAIL \_\_\_\_\_

\* DO YOU HAVE MULTIPLE LOCATIONS? \_\_\_\_\_ \* WILL ANY OF YOUR ORDERS DROP SHIP INTO CA / GA? \_\_\_\_\_ Y \_\_\_N  
(Attach list if more than one)

\* SHIP TO ADDRESS (if different from Billing): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\* PRIMARY CONTACT: \_\_\_\_\_ \* CONTACT TITLE: \_\_\_\_\_

\* TEL: (\_\_\_\_) \_\_\_\_\_ \* FAX: (\_\_\_\_) \_\_\_\_\_ \* E-MAIL: \_\_\_\_\_

\* A/P CONTACT: \_\_\_\_\_ \*TEL: (\_\_\_\_) \_\_\_\_\_ \*FAX:(\_\_\_\_) \_\_\_\_\_ \*E-MAIL: \_\_\_\_\_

\* DESCRIPTION OF BUSINESS: \_\_\_\_\_ \*RESALE #: \_\_\_\_\_ \*FEI # \_\_\_\_\_

\* HOW WERE YOU REFERRED TO NORSTAR? \*Sales Rep Name: \_\_\_\_\_ Other: \_\_\_\_\_

\* BUYING GROUP AFFILIATION (If any / List all that apply): \_\_\_\_\_

\* TYPE OF ENTERPRISE: ( ) CORPORATION IN THE STATE OF \_\_\_\_\_ ( ) PARTNERSHIP ( ) SOLE PROPRIETORSHIP  
**\*\*\* IF THE COMPANY IS A SOLE PROPRIETORSHIP, PLEASE PROVIDE US WITH THE OWNERS INFORMATION \*\*\***

Owner's name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### **\*\*TRADE REFERENCES** **\*\* Please fill in this portion if you are applying for credit\*\***

\* COMPANY NAME: \_\_\_\_\_ ACCT# \_\_\_\_\_

CONTACT: \_\_\_\_\_ \*TEL: (\_\_\_\_) \_\_\_\_\_ \* FAX: (\_\_\_\_) \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_ \* CITY: \_\_\_\_\_ \* STATE: \_\_\_\_\_ \* ZIP: \_\_\_\_\_

\* COMPANY NAME: \_\_\_\_\_ ACCT# \_\_\_\_\_

CONTACT: \_\_\_\_\_ \*TEL: (\_\_\_\_) \_\_\_\_\_ \* FAX: (\_\_\_\_) \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_ \* CITY: \_\_\_\_\_ \* STATE: \_\_\_\_\_ \* ZIP: \_\_\_\_\_

\* COMPANY NAME: \_\_\_\_\_ ACCT# \_\_\_\_\_

CONTACT: \_\_\_\_\_ \*TEL: (\_\_\_\_) \_\_\_\_\_ \* FAX: (\_\_\_\_) \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_ \* CITY: \_\_\_\_\_ \* STATE: \_\_\_\_\_ \* ZIP: \_\_\_\_\_

### **\*\*BANK REFERENCES** **\*\*Please fully complete information & include a copy of your voided company check to expedite process.**

(Attach list if more than one bank / account)

\*\* BANK NAME \_\_\_\_\_ ACCT# \_\_\_\_\_

\* CONTACT: \_\_\_\_\_ \* TEL: (\_\_\_\_) \_\_\_\_\_ \* FAX: (\_\_\_\_) \_\_\_\_\_

### **AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION**

THE CONFIDENTIAL INFORMATION HEREIN IS FOR THE PURPOSE OF OBTAINING MERCHANDISE FROM **NORSTAR OFFICE PRODUCTS, INC.** THE INFORMATION DISCLOSED HEREIN IS TRUE & ACCURATE TO THE BEST OF MY KNOWLEDGE. THIS APPLICATION HEREBY AUTHORIZES THE RELEASE OF CREDIT AND OTHER INFORMATION, INCLUDING BANKING INFORMATION, WHETHER VERBAL OR WRITTEN.

\*\*SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*PRINT NAME: \_\_\_\_\_

NOTE: YOUR ACCOUNT WILL BE SETUP ON PREPAID CASHIER CHECK TERMS, UNTIL CREDIT CAN BE ESTABLISHED.

**REMINDER: PLEASE SIGN AND FAX YOUR COMPLETED APPLICATION TO: "ATTN: CREDIT" AT YOUR EARLIEST CONVENIENCE. THANK YOU!**

