

## **CORPORATE OFFICE**

560 Myrtle St Reynoldsville Pa 15851

Phone: 814-612-2115 Fax: 814-612-2059



PLEASE TYPE OR PRINT CLEARLY THE REQUIRED INFORMATION ON THE FOLLOWING APPLICATION:





**A BRL Solutions Product** 

## STEEL & PIPE

130 A Satterlee Rd DuBois, PA 15801

Phone: 814-371-3500 Fax: 814-371-4100

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Date:			
Company Information:			
Company Name:	Tax Id #:		
Company Name: Circle O	<sub>one:</sub> Corporation Sole Owner Partnership	Principal Name and	
Title:			
Billing Information			
Address:	City:	State:	Zip:
Shipping Information			
Address:	City:	State:	Zip:
Main Contacts			
Accounting:			
Name:	Email:		
Phone:	Fax:		
Purchasing:			
Name:	Email:		
Phone:			
Credit Limit Requested: Are you sales tax exempt? Yes No [If yes, ple:			
Do you accept emailed invoices? <b>Yes No</b> [If yes, pies			
Has you	our company ever filed for bankruntcy? Ye	maii. <b>s No</b> rif	
yes, when] Duns #	our company ever med for bankruptcy:	<sub>[II</sub>	
yee, when j Bane n	<del></del>		
Please sign above Name/Title:			
The above applicant's signature attests financial responsibility LUBRICANTS, LLC. This is a continuing agreement and supe terminated, in writing, by certified mail.			
INTERNAL USE ONLY New Customer:			
Credit Review: Credit Approved:	Refused: Limit:	Date:	_
Comments:			