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www.northstarexpress.com

To open an account, please complete this form and return it to your Account Manager.

**Section 1. Invoicing/Statement Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

**This Document Completed by:** \_\_\_\_\_ *(please print full name)*

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The signer certifies and represents to NorthStar that the information inserted & accepted on this document is complete and accurate.

**Section 2. Terms of Payment & Security Deposit**

\_\_\_\_\_ I hereby authorize the use of this credit card for payment of services relative to this form.

\_\_\_\_\_ I hereby authorize the use of this credit card as a security deposit for payment, to be used only if payment is not received at the address of NorthStar Express within 30 days of invoicing.

The credit card information must be completed.

1. Charge to: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Diners Club

2. Cardholders Name: \_\_\_\_\_

3. Cardholders Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Card Account #: \_\_\_\_\_ *(please type)*

5. Expiration Date: \_\_\_\_\_

6. Cardholder's Signature: \_\_\_\_\_

*Please note: Shipping charges are based on actual weight or dimensional weight, whichever is greater. Additional charges are separate and additional to weight charges. The weight as recorded on the Bill of Lading by the carrier is to be accepted by all parties as controlling.*