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Local
FAX
Toll Free
Email
Website

651-490-9053 651-490-7934 855-PULSTAR sales@pulstar.net www.pulstar.net

## **Customer Qualification Form**

Type of Business:	nd Mobile	Vireless ISP	OEM Government
Please describe typical business			
Company Name			
Mailing Address			
City		State	Zip Code
Shipping Address			
City		State	Zip Code
Phone Number	FAX Number		email
IM	1PORTANT: This box MUST bo	e completed	
STATE Tax/RESALE #	SALE # FEDERAL Tax ID#		
☐ Corporation ☐ Sole Pr	roprietor  Partnership Other	•	
Year Established	Years at Co	ırrent Locat	ion
	Your Company Con	ntacts	
Owner/Manager	<b>-</b> •		
Buyer/Purchasing	Phone/emai	l	
Tech/Engineering	Phone/email	<u> </u>	
Accts Payable	Phone/emai	l	
Payment Terms desired? COnpan			Open Account, Net 30 days Application and APPROVAL required
Any other information you wish	to provide at this time?		
Your Name	Signature		