



CUSTOMER APPLICATION CHECKLIST

_new customer with credit term

Customer Application Form

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Credit application

Seller's Permit

Resale Certificate (CA, PA Only)

Trade reference

Bank Authorization

Aster Sales Representative: _____

**We greatly appreciate all the information be completed in full and we promise to keep all information provided strictly confidential.

When you complete all the documents, please fax back to **562-404-9570**.

Please feel free to contact your Aster sales representative at 562-404-9315 when you have any questions.

CUSTOMER APPLICATION FORM

The following information must be completed in full and will be kept in the strictest confidence.

COMPANY NAME:			
PHONE:	FAX:	WEBSITE:	
BUSINESS/BILL TO ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
SHIP TO ADDRESS:			
SAME AS BILL TO ADDRESS OR AS BELOW			
CITY:	STATE:	ZIP CODE:	COUNTRY:
TYPE OF BUSINESS:			
CORPORATION	PARTNERSHIP	PROPRIETORSHIP	OTHERS _____
RESALE NUMBER:		FEDERAL NUMBER:	
DATE BUSINESS ESTABLISHED:		NUMBER OF EMPLOYEES:	
AUTHORIZED PURCHASERS:			
YOUR CONTACT INFO AND PLEASE CHOOSE WHICH E-MAILS YOU WANT TO RECEIVING FROM ASTER GRAPHICE			
TITLE	OFFICERS IN RESPONSIBLE PARTY	E-MAIL ADDRESS	
YOUR E-MAIL ADDRESS OF RECEIVING FOLLOWING EMAILS:			
1.ACCOUNTS PAYABLE:			
2.INVOICES:			
3.ORDER CONFIRMATION:			
4.TRACKING NUMBER:			
5.RMA CONFIRMATION:			
6.WILL CALL ADVICE:			
7.THE SAME ALL OF THE ABOVE:			

PLEASE ATTACH COPY OF THE SELLERS PERMIT WITH THIS APPLICATION FORM

I affirm that the information on this form is true and correct as to every material matter.

Signature of Owner/Partner/Cooperate Officer

Authorized
Signature: X _____

Title: _____

Printed Name: _____

Date: _____

Terms and Conditions

Return Instruction:

1, Non-defective Returns:

- *Any product returns without Return Authorization number (RMA #) will be refused.
- *All non-defective returns must be in resalable condition and in its original packaging.
- *A 20% restocking fee will apply for all non-defective returns.
- *Non-defective returns are only accepted within 90 days of the invoice date.
- *Credit will be issued after the product has been received and inspected.
- *All return shipping charge will be paid by the customer, unless the error was caused by Aster Graphics Inc.

2, Defective Product Returns

- *Any defective return without RMA # will be refused.
- *Please contact our sales department or our RMA team to complete a RMA Request Form or download the RMA Request Form from [here](#).
- *We will credit or exchange the defective product after receipt and inspection of the return.
- *Any returns with cartridge weight less than 30% will not qualify for a refund.
- *Aster's lot number/bath code on our product as well as invoice # is requested for defective products.

3, Shortages and Damaged shipments:

- *All shortages and damages caused in transit must be reported to Aster Graphics Inc. within 3 business days of delivery.
- *Make sure to make a note on the Bill of Lading if see damage and shortage on the shipment, then give a copy to the driver. You have the option of refuse the shipment, but if you chose to receive it, please be sure to notify us with all the supporting document such as photos, copy of Bill of Lading and correct counts.
- *Any product returns without RMA# will be refused.
- *RMA# expires within 30 business days from date of approval.
- *Warranty does not cover damages by operator, technician, or machine (including rotational scratches, gouges, scuff marks, or line scratches).

Warranty & Guarantee

Aster Graphics is committed to quality and all products come with a 100% warranty and guarantee with total commitment to quality.

All products are warranted to be free defects in material and workmanship from a period of 1 year from the purchase date when stored, installed and used under normal conditions. If at any time our products fail we will replace or credit the defective item after inspection. Please contact our RMA department for processing any defective items. All returned items must be pre authorized by Aster Graphics Inc. and have a Return Authorization (RA) Number.

Conditions of Credit:

- 1) Credit application must be completed before you will be considered for credit.
- 2) Please include your resale license number and a minimum of three trade references in addition to a bank reference with your application.
- 3) We may elect to hold shipments for accounts that are past due or for accounts in excess of their predetermined credit limit.

Phone/Fax/Address:

To place orders, for assistance in product identification, or to address any other questions, please contact our sales or customer service representative. You may contact Aster Graphics with the following contact information:

Aster Graphics Inc.
12000 Magnolia Ave. Suite 101, Riverside, CA 92503
Tel: 562-404-9315 Fax: 562-404-9570
Email: orders@goaster.com
Web: <http://www.goaster.com>



- 4, Invoices shall be regarded as confirmation if no dissent within 3 working days.
- 5, All orders placed online or through EDI are done so with sole responsibility of the account holder(s) and not Aster.
- 6, For all self-pickup goods, Aster holds the responsibility to email you the pick-up order number and packing list, please ask the designated freight forwarder/driver who will pick up the goods at our warehouse to offer these information to our warehouse workers for picking up your order. After confirmed these information, our warehouse worker will give the packing list to the pickup person for signature and allow him to take the goods. Please check the actual goods you picked up with the packing list we emailed you, once the goods were picked up, Aster will send you the invoice of this order by email. If you have any questions about this order, please contact us within 3 business days. If there is no feedback during this period, we will assume that the corresponding goods have been received by your company successfully.

BANK AUTHORIZATION FORM

The following information must be completed in full, and will be kept in the strictest confidence.

I, _____ hereby authorize (bank name) _____ to release to Aster Graphics Inc. regarding checking and saving accounts and/or loan experience.

Bank Account#: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ zip code: _____

Date: _____

Authorized Signature:

Date:

X _____