

STAR System International Ltd.

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REQUEST FOR CONSIDERATION

To determine your qualifications, as a dealer/distributor, we ask that you fill out the following form, in full, and return it at your earliest convenience. All information will be held in strictest confidence and neither party will be under any obligation as this is not a contract. **Use the tab button** to jump from field to field if filling out electronically.

Company Name _____

Name _____ Title _____

Company Address _____

City _____ State _____ Zipcode _____

Company Phone _____ Fax _____

Email _____

Website http:// _____

Describe the nature of the products and/or services currently offered by your company
(i.e. design/consulting/distributing/retail sales, construction, installation, etc.).

Number of years in business _____

Do you promote other products? Yes No

If so, please explain:

Amount of available warehouse space, in SQ FT _____ height of space, in FT _____

Annual total sales dollar volume _____

Annual rail sales volume _____

Number of employees _____ Service Territory _____

How did you hear about STAR System International?

Do you wish to become a STAR Dealer or a Distributor? Please specify:

If you wish to become a Distributor of STAR rail, please give the approximate number of customers you currently have, broken out by state:

Credit Application has been completed and returned? Yes No

Please add any other information, you may consider important for us to know.

By signing below, I verify that the information provided is accurate, as of this date, and is offered as information only, not contractually binding in any way.

Name Signature (if mailed or faxed)

Printed Name

Date (mm/dd/yyyy)

The aforementioned information is provided for the use of STAR System International Ltd. and is considered private and confidential.