



New Customer Information

Please print clearly. Use a black or blue ballpoint pen.

Complete the information on this form and return it by fax, mail or email to:

CREDIT MANAGER – WEDDINGSTAR INC.

2032 Bullshead Rd, PO Box 110, Dunmore, Alberta, Canada, T0J 1A0

TOLL FREE FAX: 1-800-593-5049 LOCAL FAX: (403) 529-6841

EMAIL: generalmail@weddingstar.com

Date		Federal ID# <i>(USA only)</i>	
Company Name		GST# <i>(Canada only - If Applicable)</i>	
Address		Phone ()	
		Fax ()	
Province/State		Email Address <i>(Please provide for Invoices and Statements)</i>	
Country	Postal/Zip		
Name of Applicant		Web Page Address	
Position			
Accounts Payable Contact(s) (1st)		Type of Ownership <i>(Check one)</i>	
Nature of Business		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
Number of Years in Business		What Line of Credit Do You Require?	
CREDIT CARD INFORMATION			
Cardholder's Name		How Did You Learn About Weddingstar? <i>(Check one)</i> <input type="checkbox"/> Internet <input type="checkbox"/> Saw Product <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Tradeshow <input type="checkbox"/> Advertising <input type="checkbox"/> Weddingstar Rep <input type="checkbox"/> Weddingstar Magazine <input type="checkbox"/> Other <i>(Explain to the right)</i>	
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
Credit Card #			
Expiry Date:	Month Year		
Verification Code (CVN) *			
<small>*The CVN is a 3-digit number printed on the back of your card. It appears after your credit card #.</small>			
OWNERS OR DIRECTORS			
Name		Name	
Address		Address	
City		City	
Phone ()		Phone ()	
Fax ()		Fax ()	
<p>I/WE agree to remit payment within terms specified on the face of the invoice. I/WE also agree to pay all collection costs including attorney's fees should it be necessary to place the account for collection. The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/WE hereby authorize the firm to whom this application is made to investigate the reference listed pertaining to my/our credit and financial responsibility.</p>			
Name <i>(Please print)</i>		Signature X _____	
Title			