



weddingstar

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 Road, Dunmore, Alberta, Canada, T1B 0K9

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

EMAIL: customerservice@weddingstar.com

Date		Federal ID# / GST# / VAT# (whichever is applicable)	
Company Name			
Address		Phone ()	
		Fax ()	
City		Email Address (Please provide for Invoices, Statements, and Online Ordering)	
Province/State			
Country	Postal/Zip		
Name of Applicant		Web Page Address	
Position			
Accounts Payable Contact(s) (1st)		Type of Business (online, store, etc)	
Nature of Business			
Number of Years in Business			
CREDIT CARD INFORMATION			
Cardholder's Name		How Did You Learn About Weddingstar? (Check one)	
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express			
Credit Card #			
Expiry Date:	Month Year		
Verification Code (CVN)			
		<input type="checkbox"/> Weddingstar Magazine <input type="checkbox"/> Search Engine <input type="checkbox"/> Word of Mouth	
		<input type="checkbox"/> Tradeshow (Please explain below) <input type="checkbox"/> Saw Product <input type="checkbox"/> Previous Retailer or Bought Business	
		<input type="checkbox"/> Online (Please explain below) <input type="checkbox"/> Advertising (Please explain below) <input type="checkbox"/> Other (Please explain below)	

OWNERS			
Name		Home/Residential Address <input type="checkbox"/> Residential	
Address		Address	
City		City	
Phone () Ext.		Phone () Ext.	
Fax ()		Fax ()	

The above information is for the purpose of opening an account and obtaining credit and is warranted to be true. I/WE hereby authorize the firm to whom this application is made to charge the credit card listed for all future orders. I/WE agree to remit payment within terms specified on the face of the invoices submitted to Weddingstar Inc. I/WE also agree to pay all collection costs including attorney's fees should it be necessary to place the account for collection.

Name (Please print)	X _____ Owners Signature
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