STARLIGHT TRADING CO. LTD.

#170-11960 Hammersmith Way, Richmond, BC, V7A 5C9
Tel: 604-241-8158 Fax: 604-241-8725 Email: info@starlightgifts.ca

Application for Credit

First Name:	Last Name:	Title:
Name of Business:		GST/HST Number:
Address:		
City:	Province: Postal Co	ode: Phone:
Oity.	Flovince. Fostal G	oue. Frione.
Company Informa	tion	
Type of Business:		In Business Since:
Legal Form Under Which Bus	siness Operates: (Circle Correct)	D
If Division/Subsidiary, Name	Corporation of Parent Company:	Partnership Proprietorship In Business Since:
•	ble for Business Transactions:	Title:
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Trade References		
Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone/Email:	Phone/Email:	Phone/Email:
Account Opened Since:	Account Opened Sine	ce: Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
	IS OF SALES. I/WE FURTHER AGREE TO	STARLIGHT TRADING CO. LTD. AND AGREE TO PAY FOR ALL PURCHASES IN PAY A SERVICE CHARGE ON ANY AMOUNTS PAST DUE CALCULATED AT 2% 4.33% ANNUALLY)
UNDERSTANDING THAT IT IS TAUTHORIZE STARLIGHT TRADING	O BE USED TO DETERMINE THE AMOUNG CO. LTD. TO OBTAIN CREDIT REPORTS	OMPLETE AND ACCURATE. THIS INFORMATION HAS BEEN FURNISHED WITH IT AND CONDITIONS OF THE CREDIT TO BE EXTENDED. FURTHERMORE, I/W IS OR OTHER INFORMATION AS DEEMED NECESSARY ON THE APPLICANT OR COLLECTION OF THIS CREDIT ACCOUNT OR FOR ANY OTHER REASON
Signature		Date Signed