

Star Chains Corp.

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CREDIT APPLICATION

CREDIT APPLICATIONS WILL NOT BE PROCESSED UNLESS COMPLETED IN FULL,
SIGNED AND DATED

BILL TO:

SHIP TO: (If different from the billing address)

NAME OF CORPORATION _____

NAME OF CORPORATION _____

MAILING ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____

CITY _____ STATE _____

ZIP CODE _____

ZIP CODE _____

TELEPHONE _____ FAX _____

TELEPHONE _____ FAX _____

E-MAIL _____

E-MAIL _____

TYPE OF ORGANIZATION : CORP. WHOLESALER RETAILER INDIVIDUAL OTHER _____

RESALES CERTIFICATE # / E.I.N. #: _____

CREDIT CARD AUTHORIZATION

NAME OF CARDHOLDER: _____

CARD TYPE : VISA Master Amex Discovery

CREDITCARD #: _____

EXPIRATION DATE: ____ / ____ (MM/YY)

CVV# (Card Verification Value code): _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE OF CARD HOLDER _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that the submission of false information may result in serious charges and that I am fully obligated in legal actions brought against me by Star Chains, Corp. I authorize Star Chains, Corp. to process any and all charges outlined in existing agreement. I agree that this authorization shall continue in effect until revoked by me in writing but my obligation to pay is subject to the terms of the underlying Agreement.

SIGNATURE: _____ **DATE:** _____