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6300 Columbia Road
Mineral Wells, TX 76067

NEW CUSTOMER ACCOUNT FORM

Thank you for your interest in selling our products! **Please submit these forms, along with a copy of your resale permit, to set up your customer account.** An opening Purchase Order must be placed to finalize new account set-up. Feel free to reach out to us with any questions. We look forward to working with you!

SECTION ONE: CUSTOMER INFORMATION

LEGAL BUSINESS NAME: _____

TRADE NAME (DBA): _____

CORPORATE FORM:

- LLC Corporation Sole Proprietorship Partnership

STORE TYPE: (CHECK ALL THAT APPLY)

- Brick & Mortar Website (please specify): _____ Social Media 3rd Party Site (Amazon, etc.)

PRODUCT TYPE: (CHECK ALL THAT APPLY)

- Costumes Lingerie Athletic Wear

BILLING ADDRESS:

Company Name: _____

(Optional) ATTN: _____

Address Line 1: _____

Address Line 2: _____

City, State & Zip Code: _____

Country: _____

PRIMARY SHIPPING ADDRESS:

Company Name: _____

(Optional) ATTN: _____

Address Line 1: _____

Address Line 2: _____

City, State & Zip Code: _____

Country: _____

If you have multiple locations, please attach a list of all additional ship to locations.

CONTACT INFORMATION:

Purchasing Contact: _____

Title: _____

Phone: _____

Email: _____

Fax (Optional): _____

Accounts Payable Contact: _____

Title: _____

Phone: _____

Email: _____

Fax (Optional): _____

RESALE NUMBER: _____

Make sure you submit a copy of your Resale Permit.

(OPTIONAL) NCA #: _____

SECTION TWO: ORDER HANDLING

DO YOU WANT US TO BACKORDER ITEMS THAT ARE OUT OF STOCK?

- Yes No

WHAT IS YOUR PREFERRED SHIPPING METHOD?

- UPS FedEx Cheapest Method

(OPTIONAL) UPS/FEDEX RECIPIENT ACCOUNT #: _____

SECTION THREE: IMAGE USE AUTHORIZATION

COMPANY NAME: _____

You have requested to use Starline/LRS/Party King/RaveWare photography. Our images in forms of either transparencies, CD scans or scanned directly from our web site we will provide to you as long as the following conditions are agreed to without waiver in their use.

1. No picture offered, used or shot by Starline/LRS/Party King/RaveWare can be used for any other purpose than the sale of Starline/LRS/Party King/RaveWare merchandise.
2. Any Starline/LRS/Party King/RaveWare image must be presented in a tasteful manner.
3. All transparencies must be returned to Starline/LRS/Party King/RaveWare within 15 days from the date they were sent.
4. No Starline/LRS/Party King/RaveWare transparency can be altered or destroyed in any way.
5. There are no other side agreements, understandings, or representations for Starline/LRS/Party King/RaveWare image usage other than what is outlined in this agreement.
6. Starline/LRS/Party King/RaveWare at all times retains the rights to all images.
7. No use in national magazine advertising, billboards, or television commercials without prior consent.

If your publication has been printed before, please include a back issue, current copies and return with this signed agreement. If your publication is "new" please completely outline its purpose and the use of the Starline/LRS/Party King/RaveWare image(s) as you intend to use or display them. Please return with this signed agreement.

I/We, agree without waiver, to use, or cause to be used any Starline/LRS/Party King/RaveWare image(s) according to the stipulations mentioned above. If you agree to abide by the stipulations above, you are hereby authorized to use the Starline/LRS/Party King/RaveWare image(s).

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

EMAIL ADDRESS: _____

SECTION FOUR: PAYMENT INFORMATION

PAYMENT TYPE (CHECK ONE):

- Credit Card (Must complete Credit Card Authorization Form on Page 4)
- Net Terms (Must complete Credit Application on Pages 5-7 and be approved for terms)
- COD (Cashier's Check or Money Order)
- Wire Transfer (Required for International Customers)

CREDIT CARD AUTHORIZATION FORM (COMPLETE THIS IF YOU CHECKED "CREDIT CARD" ON PAGE 3)

COMPANY NAME: _____

CHECK AND COMPLETE **ONLY ONE** SECTION:

- Recurring Charge:** You authorize Starline Costume, LLC to charge the credit card listed below for current and future invoices submitted to you for goods purchased.

I (the Card Holder) _____ authorize Starline Costumes, LLC to charge the credit card indicated in this authorization form for goods purchased per invoices submitted to me. I understand that my information will be saved to file for future transactions on my account and that this authorization will remain in effect until I cancel it in writing. I certify that I am an authorized user of this card and will not dispute these transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____ DATE: _____

- One-Time Charge:** You authorize Starline Costume, LLC to charge the credit card listed below for the amount indicated on or after the indicated date.

I (the Card Holder) _____ authorize Starline Costumes, LLC to charge the credit card indicated in this authorization form for goods purchased per Invoice # _____ for the total amount of \$ _____. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this card and will not dispute these transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____ DATE: _____

CREDIT CARD TYPE: _____

NAME ON CARD: _____

CREDIT CARD #: _____

CVV: _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

CREDIT APPLICATION (COMPLETE THIS IF YOU CHECKED "NET TERMS" ON PAGE 3)

No order will be shipped other than COD Cash or Credit Card until Financial/Credit History is Researched. Note that pages 5 through 7 must be completed. Incomplete applications will not be processed.

LEGAL BUSINESS NAME: _____

TRADE NAME (DBA): _____

PRIMARY ADDRESS:

Company Name: _____

Complete Address: _____

City, State & Zip Code: _____

TYPE OF BUSINESS: _____

RESALE NUMBER: _____

YEARS IN BUSINESS: _____

LEGAL ENTITY: _____

REQUESTED CREDIT TERMS:

Net 15

Net 30

Halloween Dating Net 11/01
(only applicable to costumes)

Other (please specify): _____

REQUESTED CREDIT LIMIT: _____

CONTACT INFORMATION:

Accounts Payable Contact: _____

Title: _____

Phone: _____

Email: _____

Fax (Optional): _____

PRINCIPAL OWNER/OFFICER #1:

Name: _____
Title: _____
Residence Address: _____
City, State & Zip Code: _____
Social Security #: _____
Driver's License #: _____
Residence Phone #: _____

PRINCIPAL OWNER/OFFICER #2:

Name: _____
Title: _____
Residence Address: _____
City, State & Zip Code: _____
Social Security #: _____
Driver's License #: _____
Residence Phone #: _____

BUSINESS FINANCIAL/BANKING INFORMATION:

Business Bank: _____
Bank Address: _____
City, State & Zip Code: _____
Branch: _____
Account # _____
Branch Contact Name: _____
Branch Phone #: _____
Branch Fax #: _____

I authorize for my bank to release information regarding account standing and history.

SIGNATURE: _____ DATE: _____

CURRENT BUSINESS REFERENCES IN RELATED FIELD:

Reference #1 Company Name: _____
 Reference Address: _____
 City, State & Zip Code: _____
 Reference Phone #: _____
 Reference Fax #: _____

Reference #2 Company Name: _____
 Reference Address: _____
 City, State & Zip Code: _____
 Reference Phone #: _____
 Reference Fax #: _____

Reference #3 Company Name: _____
 Reference Address: _____
 City, State & Zip Code: _____
 Reference Phone #: _____
 Reference Fax #: _____

REPRESENTATION AND GUARANTY:

I/We verify the information and statements made in this application are true, complete and correct. I/We hereby authorize Starline/LRS Apparel to obtain any information from the sources I/we have provided necessary to establish a business relationship. Furthermore, I/we certify that I/we the undersigned will comply with Starline/LRS Apparel's terms and conditions of sale. In the event it becomes necessary for Starline/LRS Apparel to incur collection costs, or to institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional collection costs, charges and expenses including reasonable attorney fees if the account is placed in the hands of an attorney or collection agency for collection. The undersigned promises to pay and guarantees payment for all purchases in accordance with Starline/LRS Apparel's terms of sale.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____