



*Stari Sales Ltd. Associate Application for KD Cloth Applicant Information*

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City Province/State Postal Code/Zip Code

Home Phone: ( ) Cell: (Optional) ( )

*Contact Information on Insert*

*Each Associate is allowed up to three lines for their insert. Keep in mind the information should represent the easiest way for customers to contact you for the KD Cloth. For example: Name / Phone # / Email*

Line 1 \_\_\_\_\_ Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_

*Introducing Associate*

*From whom did you hear about the Incredible KD Cloth?*

KD Cloth Associate \_\_\_\_\_ Other \_\_\_\_\_

*Quantity of Cloths*

How many KD Cloths would you like to purchase? (250 or more are required to have your contact information printed on the insert)

100                      250                      500                      1000                      2000

*Method of Payment*

Visa                      Mastercard                      Interac e-Transfer ( 2% Discount )

**The forms can be returned to us by one of the following methods.**

- The signed documents can be scanned and returned in an e mail to [starisalesltd@gmail.com](mailto:starisalesltd@gmail.com)
- The signed documents can be returned by fax 1-888-844-5868
- The signed documents can be returned by mailing to

Stari Sales Ltd.  
 51 Abbott Street  
 Smiths Falls, ON  
 K7A1W4

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

