



# red pill press

Red Pill Press Australia - PO Box 4174 - Winmalee NSW 2777 - Australia

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## CUSTOMER PROFILE & APPLICATION FOR TERMS

STORE NAME: \_\_\_\_\_

LEGAL COMPANY NAME (if different): \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WEBSITE: \_\_\_\_\_

ORDERING CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please send me release/ordering info via (circle all appropriate): Fax Email Phone

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S NAME(s): \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

GST/Tax ID# \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT(s) #: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

### TRADE REFERENCES

1) COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

2) COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

3) COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ EXACT NAME ON CARD: \_\_\_\_\_

I authorize Red Pill Press to contact my bank about the status of my account(s). If I am granted terms and any of my cheques or payments are not honored by my bank for any reason, all bank charges, collection expenses and/or attorney fees will be paid by me and/or my company.

OWNER'S NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax or mail this form back at your earliest convenience. All information collected will be kept strictly confidential. Thank you. We look forward to serving you!