



red pill press

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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!