



# NEW CUSTOMER FORM

Welcome to M•PRESS! We appreciate your business.

Check here for a weekly e-mail order reminder

## BILL TO:

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address1: \_\_\_\_\_  
 Address2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Contact Fax: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Web Site: \_\_\_\_\_

## SHIP TO:

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address1: \_\_\_\_\_  
 Address2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Contact Fax: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Web Site: \_\_\_\_\_

### *If paying by Credit Card, please provide the following...*

Type of Card:  VISA     MC     AMEX     DISCOVER    (Please denote card type with an "X")

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

15/16 Digit Card #: \_\_\_\_\_ 3 or 4 Digit Code#: \_\_\_\_\_

### *Address on credit card statement:*

Street: \_\_\_\_\_ State: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please fax completed form to 541-316-2267 OR E-Mail to [clewis@mpresspac.com](mailto:clewis@mpresspac.com)