

Print, Fill out, and Fax to:

MoonPie Direct
Phone 423•877•0592
Fax 423•877•5343



(Please Check One)

NEW CUSTOMER **INFORMATION UPDATE**

Resale Licence # _____ Customer # _____ Contact Name: _____

Company Name: _____ Phone # _____ Fax # _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Additional Ship To Addresses:

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Credit Card

PO Required Yes

Credit Card Billing Information: _____

Name (As it appears on card): _____

C/C Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Type of Card: _____

Card #: _____ **Exp. Date:** _____ **Validation Code:** _____

Authorized Signature: _____ **Title:** _____ **Date:** _____
