



# CREDIT CARD INFORMATION SHEET

TO BE COMPLETED AND EMAILED BACK  
Website: [www.dp9.com](http://www.dp9.com) Email: [rdubois@dp9.com](mailto:rdubois@dp9.com)  
Phone: (514) 523-1350

## Dream Pod 9 Credit Card Registration Form (VISA or Mastercard ONLY)

This form must be filled out and emailed to us in order to make credit card payments. We can only accept VISA and Mastercards right now, Make sure that the card you have is a VISA or Mastercard before sending us any information.

### Distributor or Retailer Information

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Credit Card Holders Information

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### VISA or Mastercard Information

Name Appearing on the Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (mm/yy): ( \_\_\_\_\_ / \_\_\_\_\_ ) CVV: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Date Signed (dd/mm/yy): ( \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ )