

**CUSTOMER SETUP FORM**

<b>Company Name:</b>	
<b>Business Description/Type of Business:</b>	
<b>Postal Address:</b>	
	<b>Postcode:</b>
<b>Delivery Address:</b>	
<b>Contact for Magazine Orders:</b>	<b>Email:</b>
<b>Contact for Accounts:</b>	<b>Email:</b>
<b>Phone:</b>	<b>Fax:</b>

Name: .....

Signed: ..... Date: .....

The Company name that will appear on your statement will be:  
The Magazine Marketing Company Ltd or TMMC (parent company of MagMag Express)

I authorize you to debit my credit card with a monthly statement balance:

Payment details:     Visa     MasterCard     AMEX     Diners

Card No. ....

Cardholder's Name: .....

Expiry Date: ..... Signature: .....

Please return form by fax to 09 979 2561 , by email to [subs@tmmc.co.nz](mailto:subs@tmmc.co.nz) or by post to  
PO Box 91549, Victoria Street West, Auckland 1142, New Zealand

