



## Account Setup Form

### Billing Information:

**MUST MATCH CREDIT CARD BILLING ADDRESS**

First Name:		Last Name:	
Company:	Showmaster		
Bill To Address:			
Suite:			
City:		State:	
Zip Code:		E-Mail:	
Phone Number:	( ) -	Extension:	
Fax Number:	( ) -		

### Standard Shipping Information: - No P.O. Boxes

First Name:		Last Name:	
Company:	Showmaster		
Ship To Address:			
Suite:			
City:		State:	
Zip Code:			
Phone Number:	( ) -	Extension:	
Credit Card Number:	- - -	Expiration Date:	/
Name on Credit Card:		Card Verification Nbr*:	

\*For Visa/Master Card, on the back of your card, locate the final 3 digit number.

\*For American Express, on the front of your card, locate the final 4 digit number.

### Order Login Information:

User Name (at least 6 characters):	
Password (at least 6 characters):	

1. All accounts will be set up under Showmaster.
2. Each account must have a credit card on file. Credit card will be charged the day of shipping.
3. Invoices will be emailed, not mailed or faxed.

### To return completed setup form:

Save completed form and email to: [bobby@pinpointus.com](mailto:bobby@pinpointus.com)

Or Print completed form and fax to: 405.228.0517

**For further information, contact:**

**Pinpoint Monograms**

**800.242.1954**

Voice: 405.813.2812 • Fax: 405.228.0517