



Application/Renewal Form

Please fill in the following information for new and renewal applications.

First Name:	_____	Company:	_____
Last Name:	_____	Position:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
Province/State:	_____	Province/State:	_____
Postal/Zip Code:	_____	Postal/Zip Code:	_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____

<p>Is this a renewal application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Current First Class Card #: _____</p>

<p>Payment Method (please select one method):</p> <table border="0"> <tr> <td>Credit Card:</td> <td>Other:</td> </tr> <tr> <td><input type="checkbox"/> Visa</td> <td><input type="checkbox"/> Cheque</td> </tr> <tr> <td><input type="checkbox"/> MasterCard</td> <td><input type="checkbox"/> Money Order</td> </tr> <tr> <td><input type="checkbox"/> American Express</td> <td><input type="checkbox"/> Cash</td> </tr> </table> <p>Credit Card Number (if paying by credit card): _____</p> <p>Expiry: _____</p>	Credit Card:	Other:	<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Money Order	<input type="checkbox"/> American Express	<input type="checkbox"/> Cash
Credit Card:	Other:							
<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque							
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Money Order							
<input type="checkbox"/> American Express	<input type="checkbox"/> Cash							

Forms may be faxed to 780-469-0949 for processing.

Forms may also be mailed to:
 First Class Promotions
 P.O. Box 38012 Capilano Postal Outlet
 Edmonton, Alberta, Canada
 T6A 3Y6