

Information Form

First Name: _____ Last Name: _____
Address 1: _____
City: _____ State: _____ Zip: _____
Best Phone Number: _____
Email: _____
Who referred you?: _____ Their site: www.zamzuu.com/ _____
Login/User ID: _____ Password: _____

Associate / Site Owner Information

Who referred you?: _____ Their site: www.zamzuu.biz/ _____
Create your Site Name: _____
Social Security Number: _____

Site Owner Only: Please provide the following information **at purchase:**

Billing Information: (circle if SAME address above)

Billing Address: _____

City: _____ State: _____ Zip: _____

Mastercard / Visa / Amex / Discover Accepted;

Please provide the following information:

Name as shown on card:

Card Number:

CVV2 Code:

Expiration Date:

OR

Personal or Business Checks Accepted;

Please provide the following information:

Drivers License #:

State:

Drivers License Expiration Date:

Bank Routing #:

Bank Account #:

Check #: