



NZAS ATHLETE ACCOUNT APPLICATION

Level I, II, III & IV

Please complete Section A of this Application Form to receive your Red8 and Thompson's products.

SECTION A

Name: _____

Sport: _____

NZAS Level: (tick box) 1 2 3 4

Athlete No.: _____

Usual NZ Delivery Address: _____

Telephone: _____ Mobile: _____

Email: _____

Please complete Section B of this Application Form to purchase additional products from Thompson's and Red 8.

SECTION B

Credit/Debit Card Details (These will be lodged on your account and kept strictly confidential)

Card Type: _____

Name on card: _____

Card Number

Expiry Date: _____

Signature: _____