



BestKeptSecrets

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(866) 598-6788

Email: sales@bksecrets.com

~ Credit Card Authorization Form ~

Cardholder Information:

Name _____

Company _____

Address _____

City, St Zip _____

Telephone _____ Fax _____

Email _____

Credit Card Information:

Credit Card Visa MasterCard AMEX

Credit Card # _____

Exp Date _____ Sec Code _____

Or : PayPal _____

Payment Option:

One Time : Pay ALL Open Invoice(s) (list numbers)

 Ea Invoice : Pay as invoiced (invoice copy will accompany each delivery)

Monthly : Pay last business day of each month, all accumulated invoices
(invoice copies will accompany each delivery)

The undersigned authorizes ***Best Kept Secrets*** per instructions indicated above.
This can be withdrawn at any time by faxing or emailing STOP instructions.

Authorized by: _____ Date: _____

Printed Name/Title _____