

BILLING & ALL OTHER INQUIRIES TO:

BESTLOCALMENUS.COM

304 W. Jackson Street
Ozark, Missouri 65721
Phone: 417.576.4197
Fax: 480.247.4771
Email: info@BestLocalMenus.com



Automatic Credit Card Billing/Electronic Funds Transfer Authorization Form

I hereby authorize BestLocalMenus.com to initiate charges on the credit card listed below. I acknowledge that the origination of the charges to my account must comply with applicable U.S. regulations. I am responsible for payment of services rendered with this credit card. Services include, but are not limited to: BestLocalMenus.com / 970menus.com directory listing, menu hosting, domain registration, email accounts, custom programming, etc.

Customer Information

Company: _____	Customer Number: _____
Address: _____	Contact: _____
City, State Zip:: _____	Phone: _____
Primary Domain: _____	Email: _____

Credit Card Information

I understand the invoiced amounts may vary and that any charge authorized herein will be based on invoices emailed to me or charges on my credit card by BestLocalMenus.com. Monthly hosting/recurring charges paid by credit card will occur on the 1st day of each month. All other forms of payment require annual subscription paid in full. When invoiced, payment is due on receipt. I am responsible for payment on all services provided, pursuant to contracted terms.

Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	CVV: _____	Expiration Date: _____
Card Number: _____	Billing Phone: _____	
Cardholder's Name (as shown on credit card): _____		
Billing Address: _____		
City, State Zip: _____		
Cardholder's Signature: _____	Date: _____	

Fax completed forms to (480) 247-4771 or email to info@970menus.com