

**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](mailto: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 / 417menus.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 1<sup>st</sup> 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@417menus.com](mailto:info@417menus.com)