



kerenhart®

CREDIT CARD AUTHORIZATION (ON RECORD)

PLEASE COMPLETE THIS FORM, SCAN AND E-MAIL TO: CUSTOMERSERVICE@KERENHART.COM OR FAX TO:
618-942-4740

CUSTOMER RECORD NUMBER filled in by A/R:

CUSTOMER NAME:			
CONTACT NAME:			
ADDRESS:			
CITY:			
PROV OR STATE:		POSTAL	
PHONE:		FAX:	
E-MAIL *REQUIRED*			

MasterCard VISA American Express

CARD #

EXPIRY

SEC. CODE:

NAME

DATE:

I, being the legal signatory of the charge card(s) listed below, authorize Keren Hart LTD. To charge my account as listed below for any and all orders that I have placed with them, including backorders.

The charge cannot exceed the value of the order placed, plus shipping and taxes. I agree to notify Keren Hart LTD in writing of any changes to the signing authority on the card(s).

Any information will remain strictly confidential.

SIGNATURE OF CARD HOLDER:

Please ensure that ALL OF THE ABOVE information is correctly entered. Otherwise delays WILL occur.

KEREN HART LTD
821 E MONROE ST / P.O. BOX 493
HERRIN, IL 62948

TELE 618.942.4653
FAX 618.942.4740

KERENHART.COM