



Bonvera
1815 E. Central Ave.
Wichita, KS 67214
Tel: (316) 616-0465

Smart Shopper Program Authorization

New Smart Shopper Subscriber

Name (First, Middle, Last)		Email Address	
Street Address (Not P.O. Box)		City	State Zip Code
Day Phone	Evening Phone	Fax Number	

Monthly Replenishment Plan

I hereby request membership in the Bonvera Smart Shopper Program and authorize Bonvera to ship my preselected products directly to me every month and collect the \$_____ (includes shipping) payment each month from my debit/credit card.

Monthly Authorization for Debit/Credit Card Charges

Payments: As a convenience to me, I hereby request and authorize Bonvera to charge my debit/credit card account for my Monthly Replenishment Order.

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

☐ **\$19.95 Annual Membership Fee Only** [applicable ONLY if you are NOT on a Monthly Replenishment Plan]

Card Number	Expiration Date	Security Code
Name On Card (please print)	Signature of Cardholder	

Enroller

Bonvera ID Number	Day Phone	Work Phone
Name (Last, First, Middle)	Email Address	
Street Address (Not P.O. Box)	City	State Zip Code

X _____
New Replenishment Subscriber Signature Date

X _____
Enroller's Signature Date

Notice of Cancellation: This contract may be cancelled by you, the buyer, at any time within the next three (3) business days following the date on which this contract is signed. You may exercise this cancellation right either by (1) notifying Bonvera in writing by signing and dating the notice of cancellation provided below or a similar written notice, and mailing or delivering such notice to Bonvera (*at the address above*) or (2) delivering the same by telegram, or (3) delivering the same information by telephone, provided that such telephone notification is followed by written notification within five (5) days from the date telephone notification was given. If you cancel this contract as set forth, all monies paid by you shall be returned as outlined in the policies and procedures.

I hereby cancel this transaction. _____
Signature Date

(3) copies of this completed contract shall be made:

(1) for Home Office

(1) for Associate

(1) for Enroller

09/01/16