



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

Debit/Credit Card Authorization Agreement

| Independent Associate | | |
|--|---------------|---------------|
| Name of Associate and Debit/Credit Card Holder (First, Middle, Last) | | Email Address |
| Debit/Credit Card Billing Address of Registered Associate | | |
| City | State | Zip Code |
| Telephone Number | Associate ID# | |

| Debit/Credit Card Information and Authorization | | | | |
|---|-------------------------------|-------------------------------------|---|-----------------------------------|
| Type of Debit/Credit Card: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
| Debit/Credit Card Number | Expiration Date | Security Code | | |

I acknowledge that ...

1. I am a registered Independent Associate of Bonvera.
2. I am the individual authorized to sign the above debit/credit card for amounts I authorize by telephone to the Bonvera home office for orders I place. I acknowledge that Bonvera will only accept telephone orders based on this authorization to debit my debit/credit card. I understand that the Order Entry Operator will ask for confirmation of the debit/credit card number and my identity each time an order is taken.
3. I understand that if I want to change my debit/credit card on file for future transactions, I must sign a new debit/credit card authorization form to replace this authorization form. Only the debit/credit card authorization on file can be used for product order purchases.
4. I understand that I am not required to order any supplies from Bonvera.
5. I understand that as an Independent Associate, I shall be entitled to cancel participation in the sales and marketing program at any time and for any reason upon notice to Bonvera. Upon notification of cancellation or termination, the sponsoring Independent Associate or the Company will repurchase inventory and mandatory registration pack materials in accordance with its policies as stated in the Company's sales and marketing program and policies and procedures.
6. I acknowledge that I have read and understand the terms and conditions of this Agreement.

X _____
Signature of Independent Associate and Debit/Credit Card holder

Date

(2) copies of this completed form shall be made:

(1) for Home Office

(1) for Associate