

BLOODY MARY MAKEUP CONSULTANTS

Consultant Enrollment Form

MAIL TO: Bobbie Weiner Enterprises LLC
12355 NE 13th Ave., Unit 400 B
N Miami, FL 33161

FAX TO: (305) 893-5674

TEL: (305) 893-5650

EMAIL TO: info@dearbloodymary.com

CUSTOMER INFORMATION

NAME: _____ COMPANY NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

TEL: _____ FAX: _____

EMAIL: _____ WEB SITE: _____

CREDIT CARD INFORMATION

I, _____, hereby authorize Bobbie Weiner Enterprises
to charge my credit card account according to each time I receive the invoice.

CARD TYPE: VISA MasterCard American Express

CREDIT CARD NUMBER: _____

CARD HOLDER NAME: _____

EXPIRATION DATE: _____

* CVV2 or CVC2 or CID CODE: _____

CARD HOLDER SIGNATURE: _____



ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

* Visa (CVV2), MasterCard (CVC2): Three digits to the right of the credit card number in the signature area on back of the card.
American Express (CID): Four digits printed (not embossed) on the right front of the card above the credit card number.