

BENEFITS STORE, INC.

Credit Card Authorization

FOR OFFICE USE ONLY:

PREMIUM: _____

EFFECTIVE DATE: _____

NOTES: _____

Please Type or Print Clearly using **ONLY Black Ink. DO NOT use Felt Tip Pens.**

Insured Information:

New Enrollee

Current Benefits Store Member

Name: _____

Email Address: _____

Credit Card Information:

Master Card Visa Credit Debit

Card Number: ____-____-____-____-____-____-____-____-____-____

Expiration Date: ____-____/____-____ Authorization Code ____-____-____

Name (as shown on your card): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ -- _____ Ext: _____

Charges will only be made when you instruct us to do so in writing. Avoid Late Fees, make sure your form is faxed to our office at (925)855-2051 no later than the 20th of the current month for payment of next month's premium.

Monthly Premium/Charge Amount \$ _____

I request that the Benefits Store, Inc. charge my credit card:

Monthly for my premium Yes No OR One time charge only Yes No

As a convenience to me, I request and authorize BENEFITS STORE, INC. to charge my credit card for the amount shown above. I agree that you shall be fully protected in honoring any such card payments.

I understand and accept that a 2.5% Handling Fee will be added to the premium/charge amount.

Authorized Signature

_____/_____/_____
Date

Please FAX this completed request for charges back to : (925) 855-2051

Benefits Store, Inc.

P.O. Box 68, Orinda, CA 94563-0068

Billing Services: (888) 226-8373

FAX: (925) 855-2051

E-Mail: Billing@BenefitsStore.com