



PO Box 823  
Chesterton, IN 46304  
Phone: 219-940-5220  
Fax: 888-918-9446

# CREDIT CARD AUTHORIZATION FORM

Please complete the Credit Card Authorization Form and return it back to the Jones International customer service center. You may also fax the Credit Card Authorization Form to our customer service center at (888) 918-9446 or email the form at your discretion to [cs@benashay.com](mailto:cs@benashay.com)

All information will remain confidential.

**Customer Account:** \_\_\_\_\_  
(Your company or organization, if applicable)

**Cardholder's Name:** \_\_\_\_\_  
(First, Middle Initial, Last)

**Billing Address:** \_\_\_\_\_  
(City, State, Zip)

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Type of Credit Card:** \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Credit Card Identification Code:** \_\_\_\_\_  
(last 3 digits located on back of the credit card):

I authorize the billing of all transactions incurred at "Jones International, Inc." for the purchase of Benashay<sup>®</sup> Gourmet Mana products to the credit card listed above; and I certify that I am the authorized holder and signer of the credit card and that all information above is complete and accurate.

**Cardholder – Print Name, Sign and Date Below:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please sign, return and mail the completed form to:**

Jones International, Inc.  
PO Box 823  
Chesterton, Indiana 46304-9765