

**Dk Designs.biz Ilc
Bead of the Month Club
404-314-3615**

Exclusive Membership

Mail or Fax Form: 657 Sunshine Trace
Acworth, GA 30102
770-591-1768 fax

- **Monthly** - \$20.00 per month drafted on your credit card, first day of each month

- **Semi-Annual** - \$110.00 – one payment on your credit card, on the first day of the following month

- **Annual** - \$200.00 – one payment on your credit card, on the first day of the following month

Name: _____

Address: _____

City: _____, State: _____, Zip: _____

Phone Number: _____

Email Address: _____

(address should be where your credit card billing goes to. If not, please indicate billing address)

Credit Card # _____

Exp. Date _____ 3 digit code _____

Ship Beads TO:

Name: _____

Address: _____

City: _____, State: _____, Zip: _____

This agreement commits you to become a member of the Bead of The Month Club, and receive special pricing exclusive to members, according to your custom plan.

Signature _____ **Date** _____

Print your name _____