

Hungarian Customer Card Application Form

Code: _____

Card Number _____

Please print clearly. You must be 18 years or older to fill out form.

First Name _____

Last Name _____

Street Address _____

City _____ State: _____ Zip : _____

Phone(_____) _____ - _____

Email: _____

Other card holder Name

#1 _____ #2 _____

#3 _____ #4 _____

Group Association _____

To pay by check and receive cash back of up to \$50.00, please fill out the following information

Drivers License # _____ State _____

Credit Card # _____ Expiration Date _____

We respect your privacy. Hungarian Koshers Does Not Sell or Lease Personally Identifying information (i.e., your name, telephone number, bank and credit card account numbers) to non-affiliated companies or other entities.

We do record information regarding the purchases made with Hungarian Koshers Customer Card to help us provide you with special offers and other information