

KeptPrivate.CoM - Secure Mail - order form

KeptPrivate Inc.
1170 North Federal Hwy #1205
Fort Lauderdale, FL 33304
Tel: 954 767 6219
FAX: 954 727 1740

Desired Account Name: _____

Contact Information (we will need to contact you with the initial account login):

email: _____

Telephone: _____

Payment Information:

Duration of Account: _____ one year (\$34.95) _____ six months (18.95) _____
three months (\$9.95)

Type of Payment: _____ check or money order enclosed made payable to KeptPrivate
Inc. (mail to above address)
_____ credit card (complete below)

Credit Card Information:

Type of Card: ____ Visa ____ MasterCard ____ American Express ____ Discover

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____