



CUSTOMER INFORMATION

NAME _____

COMPANY NAME _____

PHONE _____ FAX _____ E-MAIL _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FMO AFFILIATION (If Applicable) _____

MC VISA AMEX CARD# _____ BILLING ZIP _____ EXP. _____ 3-4 Digit Code _____

NEWSLETTER SELECTIONS

Exact Quantity _____ Variable Quantity _____ (Mail to all addresses in my address file, may vary with mailings)

Per Newsletter \$ _____

Set-up Fee \$ _____ (One time)

Select Months

Monthly Bi-Monthly Quarterly

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

CREDIT CARD AUTHORIZATION AND AGREEMENT

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS FOR THE NEWSLETTER MARKETING PROGRAM AS DETAILED ON SEMINAR DIRECT'S WEBSITE AND AUTHORIZE SEMINAR DIRECT TO CHARGE MY CARD AS DETAILED ABOVE.

Signature: _____

Date: _____

Name: _____
(Printed)