

FIRST NAME _____		MIDDLE INITIAL _____	LAST NAME _____		SUFFIX _____
STREET ADDRESS _____		CITY _____	STATE _____	ZIP _____	
EMAIL ADDRESS _____		BUSINESS PHONE _____	HOME PHONE _____	BIRTH DATE (MM/DD/YYYY) _____	
SOCIAL SECURITY # / EIN # (REQUIRED) Please select applicable enrollment.		BUSINESS NAME _____ Please indicate your business designation for federal income tax reporting purposes. TYPE OF ENTITY: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER			

<input type="checkbox"/> \$299.95 Ultimate Agent (Waive \$50 Refundable Deposit) Travel Training Package Ultimate Success System <input type="checkbox"/> \$29.90 Monthly Ultimate Agent Fee - or - <input type="checkbox"/> \$299.00 Annual Ultimate Agent Fee (Two months free)		Optional	<input type="checkbox"/> New Representative \$50.00 Refundable Deposit*	
<input type="checkbox"/> \$99.95 Agent Travel Training Package <input type="checkbox"/> \$19.95 Monthly Agent Fee **		I agree to the <input type="checkbox"/> Representative Agreement <input type="checkbox"/> Representative Pledge	Initials <input type="checkbox"/> Representative Agreement _____ <input type="checkbox"/> Deposit Agreement _____ <input type="checkbox"/> Representative Pledge _____	

Meet your first month's 200 point eligibility requirement **today** by purchasing a 2 for 1 Cruise Certificate and either transferring or reselling it. In order to complete this purchase you must enter the name and email address of the person this certificate is to be registered to.

☐ \$40 plus \$7.30 sales tax and S&H

Registered to _____ Name _____ Email Address _____

☐ Send to Purchaser at enrollment address
 ☐ Send to Registered Recipient at:
 Street Address _____ City _____ State _____ Zip _____

* Deposit not applicable to residents of Alabama, Kentucky, Louisiana, Minnesota, Nebraska, Pennsylvania, South Dakota, West Virginia, Georgia or where prohibited.
 ** Monthly fee will automatically increase to \$29.90 when Agent promotes to Ultimate Agent

PAYING A CREDIT/DEBIT CARD ***ALL FIELDS REQUIRED***

Please enter information exactly as it appears on your credit card. Your account will be charged based on your registration selection, which includes applicable sales tax. For Ultimate Representatives, the payment card provided will be charged for ongoing monthly fees.

CARD INFORMATION TYPE OF CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	BILLING INFORMATION STREET ADDRESS _____ PHONE NUMBER _____ CITY _____ STATE _____ ZIP _____ CREDIT CARD NUMBER _____ CVVC _____ NAME AS IT APPEARS ON CARD _____ EXP. DATE (MM/YYYY) _____ SIGNATURE _____
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CREATE AN ACCOUNT ***ALL FIELDS REQUIRED***

Please enter the information below and check carefully for possible errors. All information is confidential and used for the sole of purpose of establishing your Representative position with UltimateMatch.

_____ **i** *Your user name must be at least five characters in length
 CREATE YOUR USER NAME*
 _____ **i** *In the event that your first choice of user name is already taken, please choose an alternative.
 CREATE ALTERNATE USER NAME*

W-9 CERTIFICATION

Please read the following representation. If you select "I accept" below, you acknowledge that you have reviewed, and you agree to the terms of the representations below.

Under penalties of perjury, I certify that:

- The number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to any backup withholding because:
 - I am exempt from backup withholding, or
 - I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or
 - The IRS has notified me that I am no longer subject to backup withholding, and all interest and,
- I am a U.S. person (including a U.S. resident alien).

☐ I Accept W-9 Terms
 ☐ I decline because I am required to have income withheld from my earnings.

INITIALS _____ INITIALS _____

NEW REPRESENTATIVE'S SIGNATURE _____ DATE (MM/YYYY) _____

I certify that I have reviewed this Mail Order Enrollment Form and find it to be complete. I understand that incomplete forms submitted by my personal referrals will not be processed and will be returned to me for completion.

SPONSOR'S SIGNATURE _____ SPONSOR'S REFERRAL CODE _____ DATE (MM/YYYY) _____