

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: ☐ INDIVIDUAL ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER

☐ \$299.95 **Ultimate Agent** (Waive \$50 Refundable Deposit)

Travel Training & Certification Package  
 Ultimate Success System

☐ \$29.90 Monthly Ultimate Agent Fee

- or -

☐ \$299.00 Annual Ultimate Agent Fee (Two months free)

☐ \$99.95 **Agent**

Travel Training & Certification Package

☐ \$19.95 Monthly Agent Fee \*\*

**Optional**

**I agree to the**

**initials**

☐ Representative Agreement \_\_\_\_\_

☐ Representative Pledge \_\_\_\_\_

☐ **New Representative**  
 \$50.00 Refundable Deposit\*

**I agree to the**

**Initials**

☐ Representative Agreement \_\_\_\_\_

☐ Deposit Agreement \_\_\_\_\_

☐ 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

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: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD NUMBER \_\_\_\_\_

CVVC \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

EXP. DATE (MM/YYYY) \_\_\_\_\_

### BILLING INFORMATION

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## CREATE AN ACCOUNT

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.

\_\_\_\_\_  
 CREATE YOUR USER NAME\*

**i** \*Your user name must be at least five characters in length

\_\_\_\_\_  
 CREATE ALTERNATE USER NAME\*

**i** \*In the event that your first choice of user name is already taken, please choose an alternative.

## 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:

1. The number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to any backup withholding because:
  - a. I am exempt from backup withholding, or
  - b. 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
  - c. The IRS has notified me that I am no longer subject to backup withholding, and all interest and,
3. I am a U.S. person (including a U.S. resident alien).

☐ I Accept W-9 Terms

INITIALS \_\_\_\_\_

☐ I decline because I am required to have income withheld from my earnings.

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) \_\_\_\_\_