

Name: _____

Referral Code: _____

Yes! I would like to take advantage of this **final opportunity** to receive a FREE Training & Travel Certification Package. **Representative Agents that have previously Opted In need not repeat the Opt In process.** I understand:

- The package is not transferable.
- I must complete the online examination to be authorized to refer travel.
- I must pay the previous 6 month unpaid agent fees **plus** the August Agent Fee to complete Opt In.
- I must pay the Monthly Agent Fee to remain an Active Agent.
- This package will not be available **after August 31st, 2007.**

February - July Agent Fees

☐ \$119.70 6 months @ \$19.95

Plus

☐ \$19.95 Monthly Agent Fee

☐ **- or -** \$199.50 Annual Agent Fee (Two months free)

I agree to the

- ☐ Representative Agreement
☐ Representative Pledge

Initials

Payment Authorization

CARD INFORMATION

TYPE OF CARD: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

 Name on Payment Card

 Payment Card Number

 CWC

 EXP. DATE (MM/YYYY)

Payment Card Billing Address

 STREET ADDRESS

 PHONE NUMBER

 CITY

 STATE

 ZIP

I hereby authorize SMUM, LP d/b/a UltimateMatch to bill my payment card monthly for the above selected services. I understand that to discontinue monthly billing, I must contact UltimateMatch in writing at 9433 FM 2244, Bldg. 1, Suite 1-250, Austin, Texas 78733 or at repsupport@ultimatematch.com

 Cardholder Signature

 Date

Fax or Mail

Fax to 512.637.5088 or mail to UltimateMatch, 9433 FM 2244, Bldg. 1, Suite 250, Austin Texas 78733