

UltimateMatch
Representative Agent Opt-In

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 Opt In Fee **plus** the first month Agent Certification Fee to complete Opti In.
- I must pay the Monthly Agent Certification Fee to remain an Active Agent.
- This package will not be available ***after May 20, 2007***

☐ \$59.85 Opt In Fee

and

☐ \$19.95 First Month Agent Certification Fee

or

☐ \$199.50 Annual Agent Certification Fee
(Two months free)

Plus Optional

☐ \$9.95 Monthly Accounting Service Fee

or

☐ \$99.50 Annual Accounting Service Fee
(Two months free)

I agree to the

Initials

☐ Representative Agreement

☐ Representative Pledge

or

Payment Authorizatoin

☐ VISA

☐ MasterCard

☐ Discover

Name on Payment Card

Payment Card Number

Expiration Date

CVVC

Payment Card Billing Address

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

Address

City State Zip (_____) _____ - _____
Telephone

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 _____