

15/15 IN LIEU OF \$ 485

	1 1	
FIRST NAME	MIDDLE INITIAL LA	AST NAME
I	1	I
EMAIL ADDRESS	BUSINESS PHONE	HOME PHONE
I	1	
REPRESENTATIVE REFERAL CODE ENROLLMENT DATE*	STREET ADDRESS	
	CITY	STATE ZIP
*Representatives must file an official request for their rebate no la program. Requests not filed prior to the 60-calendar day deadlin. The 15/15 In Lieu of \$485 offer may not be combined with any. To earn back your initial \$485 activation fee, list below your percombination thereof.	e are automatically expir other promotion or program.	ed and no refunds/rebates are granted.
Name QUR/Customer	Name	QUR/Customer
1.	9.	
<u>2.</u>	10.	
<u>3.</u>	11.	
4.	12.	
5.	13.	
6.	14.	
7.	<u>15.</u>	
<u>7.</u> <u>8.</u>	1 <u>5.</u>	