

CONTACT INFORMATION (Please print clearly)

First Name _____

Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

() _____ () _____
Phone #1 Phone #2

E-mail address (VERY IMPORTANT: Please print very clearly) _____

Where did you hear about us? _____

PRODUCT DESCRIPTION

ITEM	QUANTITY	UNIT PRICE	BALANCE
Transformational Success Monthly Subscription		\$25/month	
Annual TS Membership (\$100 savings!)		\$200/annual	
Sub-Total			
Tax			
TOTAL			

PAYMENT METHOD:

Cash Check # _____ VISA Master Card Discover American Express

CARD NUMBER _____ EXPIRATION _____ Card Verification Code _____

NAME (Exactly as it appears on the card) _____

X _____
Signature Today's Date

My signature indicates that I authorize my credit card to be charged if I have selected that method of payment. I understand all guarantees mentioned above.