

CUSTOMER INFORMATION	
NAME	
COMPANY NAME	
PHONE FAX	E-MAIL
COMPANY ADDRESS	
CITY STATE	ZIP CODE
FMO AFFILIATION (If Applicable)	
□ MC □ VISA □ AMEX CARD# BILLING	G ZIP EXP. 3-4 Digit Code
NEWLETTER SELECTIONS	
 Exact Quantity I Variable Quantity (Mail to all addresses in my address file, may vary with mailings) Per Newsletter \$ 	
Set-up Fee \$ (One time)	
Select Months	
Monthly Bi-Monthly Quarterly	
□ JAN □ FEB □ MAR □ APR □ MAY □ JUN □ JUL	□ AUG □ SEP □ OCT □ NOV □ DEC
CREDIT CARD AUTHORIZATION AND AGREEMENT	

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS FOR THE NEWSLETTER MARKETING PROGRAM AS DETAILED ON SEMINAR DIRECT'S WEBSITE AND AUTHORIZE SEMINAR DIRECT TO CHARGE MY CARD AS DETAILED ABOVE.

Signature: _____

Date: _____

Name: ______(Printed)