



**REPRESENTATIVE APPLICANT:** The ideal home-based business is here! We're passionate about providing people with the perfect home-based business. One with no employees, low start-up costs, and no inventory or quotas. Let's get started!

## ENROLLMENT APPLICATION

**INDEPENDENT TRAVEL AGENT (ITA)**  
\$179.95 and \$39.95 Monthly

**MARKETING REPRESENTATIVE (REP)**  
\$19.95 and \$19.95 Monthly

**PLANNET MARKETING MOBILE APP**  
Monthly Subscription:  
\$1.00 Initial then \$4.95 Monthly Fee.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

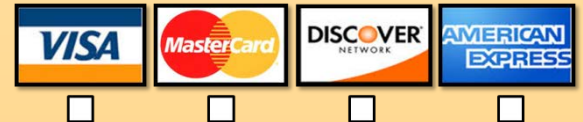
PERSONAL WEBSITE SETUP: http:// \_\_\_\_\_

## PAYMENT INFORMATION

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CW or CV2: \_\_\_\_\_



YES, Credit Card Billing Address is same as mailing address  NO, Billing Address is different

Credit Card Billing Address (Fill In Only If Different From Mailing Address)

Street Address: \_\_\_\_\_ Apt. : \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tele. #: \_\_\_\_\_

I agree to the terms and conditions and understand that I will be charged a monthly recurring fee of \$59.95, which allows for continued and uninterrupted use the travel and marketing program until I terminate this agreement.

## SPONSORSHIP INFORMATION – Who shared the business with you?

Sponsors Name: \_\_\_\_\_

Sponsors ID#: \_\_\_\_\_

Sponsors Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I understand that I have the right to terminate my business at any time, with or without reason, by sending written notice to the Company. I may cancel this transaction at any time prior to midnight of the 3<sup>rd</sup> business day after the date of this transaction. I authorize my credit card to be charged for the order selected above and to withdraw monthly fees for the program selected.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_