

Steps To Enroll In “*The Supercharged Agency System*” By Fax and pay \$147 down and \$147 per month for 5 months

Step 1 – Print Out All Enrollment Forms

Step 2 – Complete, sign and Fax to (817) 232-1063 -

- 1. The “Enrollment Request for *The Supercharged Agency System* Form. Be sure the amount indicated is \$147 per month.**
- 2. Only if you are paying by monthly recurring electronic funds transfer (sometimes referred to as monthly bank draft) complete, sign, and photocopy the “*The Supercharged Agency System Pay By EFT*” Fax Form - before faxing the photocopy. Be sure the amount indicated is \$147 per month.**
- 3. Only if you are paying by monthly recurring PayPal charge to a debit or credit card complete, sign, and fax all items on the “*The Supercharged Agency System ‘Pay By PayPal’*” Fax Form. Be sure the amount indicated is \$147 per month.**

Remember:

- 1. The price shown for the course on all the paperwork must read \$147 per month.**
- 2. If you are paying by monthly recurring electronic funds transfer (bank draft) you need to show a voided check in step 2...not a completed one. The signed authorization with the voided check authorizes us to withdraw immediately and once per month thereafter that \$147.**
- 3. If you are paying by monthly PayPal charge to a debit or credit card then you will receive an email confirmation of payment.**
- 4. All forms must be faxed together to (817) 232-1063 to assure you get proper credit for everything.**
- 5. You will receive confirmation from *The Supercharged Agency* for your enrollment in the program once all confirmations are received from either the EFT vendor or PayPal. You will then receive further information regarding how and when to expect any printed materials that are a part of this course.**

**Enrollment Request for *The Supercharged Agency System* –
\$147 down and \$147 per month for 5 months**

Your Agency Name: _____

Your Name: _____ Position: _____

Agency Street Address: _____

Town: _____ State _____ Zip Code: _____ Phone: (_____) _____

Fax: (_____) _____ E-mail address: _____

AIAT Member: Yes, No How Long Have You Owned This Agency? _____

What Makes Up the Majority Of Your Agency's Book Of Business? Liability Only Auto, Full coverage auto, Mixed Personal Lines, Mixed Commercial and Personal Lines

For what reason do you wish to be a part of this program? _____

We need to be able to contact you at any of the contact sources shown above. Do we have your permission to contact you as necessary by telephone, fax, e-mail, or surface mail? Yes No

I Want To Supercharge My Agency, and understand I will be receiving all the following:

- | | | |
|--|---|--|
| • “Supercharged Agency Paradigm Evaluator” | • “13 Weeks to Financial Freedom” Workbook | • Monthly Strategy Sessions |
| • 428-page two-volume “Supercharged Agency Handbook” | • Three 30-minute one-on-one sessions | • Monthly “Supercharged Success Secrets” Newsletters for you |
| • 6 Teleconference / Webinars of instruction | • Three Excel Financial Analysis Worksheets | • Monthly “Great News!” Newsletters for insureds |
| | | • Full “Back Office” Access |

Your Iron-Clad “No Fine Print” Money-Back Guarantee

If I am not completely satisfied with The Supercharged Agency System, all I have to do is return the materials for a **full 100% refund** of the purchase price up to 6 months after starting. **No questions. No hassles.**

I understand the above and the accompanying payment authorizations constitute the entire agreement between myself, George Cunningham, and *The Supercharged Agency*, and agree to the above terms and conditions. I understand the payment is \$147 per month, payable every month after this month for 5 months, and I can cancel my enrollment at any time with no future obligation to pay.

Your signature: _____ Today's date ____/____/____

Fax All Completed Paperwork to (817) 232-1063
“The Supercharged Agency,” 620 Catalpa Rd., Fort Worth, TX 76131.
Questions? Call 1-866-422-5876 or (817) 847-1938

The Supercharged Agency System
“Pay By PayPal” Fax Form -
\$147 Down and \$147 Per Month for 5 Months

Complete This Page **Only** If You Want to Pay By Credit or Debit
Card

Method of payment-monthly recurring : MasterCard Visa Discover
 American Express

All credit card transactions will be shown on your statement as “Pay Pal.” Is
this a Debit or Credit card transaction? (please check one.)

Please print legibly.

Card Number: _____ Exp. Date: ____/____/____

Name on Card: _____ 3 or 4 digit pin _____

Your address as shown on this card’s monthly Statement: _____

I authorize “The Supercharged Agency” to electronically charge or debit the above
account immediately and then once each month on or around the same date of the
month for 5 additional months in the amount of \$147.

Monthly payment dates after the 27th will be moved to the last date of the month if
the monthly payment due date occurs on a date that is later than the last numbered
date of that month – (Example: any first payment on the 31st will be deducted on the
30th in under 31 day months and on the 28th or 29th in February).

**I understand that if for any reason, other than termination of this agreement, any
debit or credit transaction is dishonored, there will be one additional attempt to
collect the monthly payment by charging or debiting the designated card. If that
second debit or credit is dishonored, I understand my enrollment will be suspended
until certified funds have been received to replace it and a new operational monthly
pay plan has been re-established.**

I agree to all the terms and conditions stated above.

Your Signature _____ Today’s Date ____/____/____

This completed and signed form must be faxed to (817) 232-1063.

**The Supercharged Agency System “Pay By EFT” Fax Form -
AIAT Members Only**

Complete This Page **Only If You Want to Pay By Bank Draft (EFT)**

Please place you blank voided check in this box, and photocopy the completed **and signed** sheet with the check attached before faxing it **with your other paperwork** to (817)232-1063.

I authorize *The Supercharged Agency* to electronically transfer funds (EFT) in the amount of \$147.00 immediately and \$147 per month for five additional months from the above checking account on or about this same date each month.

Monthly payment dates after the 27th will be moved to the last date of the month if the monthly payment due date occurs on a date that is later than the last numbered date of that month – **Example: any first payment on the 31st will be deducted on the 30th on under 31 day months and on the 28th or 29th in February** .

I understand that if for any reason other than termination of this agreement, any EFT is dishonored, there will be one additional EFT attempt, and your account will be billed an additional \$5 when it is resubmitted. If that EFT is dishonored I understand my enrollment will be suspended until certified funds have been received to replace it and a new operational monthly pay plan is re-established.

Your Signature _____ Today's Date ____/____/____

This completed and signed form must be faxed to the Supercharged Agency at (817) 232-1063.