

Steps To Enroll In “*The Supercharged Agency System*” By Fax Paying 5 Months In Advance to Get The 6th Month Free

Step 1 – Print Out All Enrollment Forms

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

1. The “Enrollment Request for *The Supercharged Agency System* Form. **Be sure the amount indicated is \$735.**
2. **Only if you are paying by check** complete, sign, and photocopy the “*The Supercharged Agency System* ‘Pay By Check’ Fax Form before faxing the photocopy. **Be sure the amount indicated is \$735.**
3. **Only if you are paying by 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 \$735.**

Remember:

1. The price shown for the course on all the paperwork must read **\$735.**
2. If you are paying by check you need to show a **completed** check in step 2...not a voided one. The signed authorization with the completed check authorizes us to withdraw immediately **\$735.**
3. If you are paying by PayPal charged to a debit or credit card then you will receive an email confirmation of payment of the **\$735.**
4. All forms must be faxed together to (817) 232-1063 to assure you get proper credit.
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 your purchased materials.

**Enrollment Request for *The Supercharged Agency System* –
Paying In Advance For 5 Months To Get The 6th Month Free**

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"
- 428-page two-volume "Supercharged Agency Handbook"
- 7 Teleconferences of instruction
- "13 Weeks to Financial Freedom" Workbook
- Three Excel Financial Analysis Worksheets
- There 30-minute one-on-one sessions
- 6 Monthly Marketing Sessions
- 6 Monthly "Supercharged Success Secrets" Newsletters for you
- 6 Monthly "Great News!" Newsletters for your insureds
- Full access to all "Back Office" Materials for 6 months

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. I understand you will refund everything I have paid up to that point. **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 **\$735**, payable in advance.

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 (Tarrant County area)

The Supercharged Agency System
“Pay By PayPal” Fax Form -
\$735 Charge- Pay 5 Months in advance...to get the
6th month free

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

Method of payment: 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 in the amount of **\$735**.

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 payment by charging or debiting the designated card one additional time. If that second debit or credit is dishonored, I understand my enrollment will be suspended until certified funds have been received to replace it.

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 Check” Fax Form -
-paying 5 Months in Advance to Get The 6th Month FREE**

Complete This Page **Only If You Want to Pay By Check**

Please place you completed and signed check in this box (payable to “**The Supercharged Agency**”), 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 prepare a check on my account in the amount of **\$735** from the above checking account.

I realize the check will be made payable to “The Supercharged Agency.”

I understand that if for any reason this check is returned, other than due to an error made by The Supercharged Agency, my checking account will be billed for an additional \$25 returned check fee when it is resubmitted electronically (EFT). If that EFT is dishonored I understand my enrollment will be suspended until certified funds have been received to replace it plus the returned check fee.

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

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