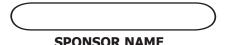


Cardholder signature:



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Account Re	gistration	Please Print.					
1. Username (Plea	2. ase include 3 options)	3.		PAID:			
Name (First Na	me, Last Name)						
Shipping Addre	ess			Contact / Mobile Phone			
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Order							
Select one of the following (Shipping & Taxes not included in price):							
SILV	VER (1 iTeraCare Classic	c) <b>GOLD</b> (3 i	TeraCare Classic	c) DIAMOND (10 iTeraCare CLASSIC)			
	<b>\$350</b>	\$:	1,050	\$3,500			
				DIAMOND (1 iTeraCare PRO)			
	Qty.:			\$3,500			
o were to the same		<u>Y</u>	00)				
Payment Info							
Payment type:	○ VISA ○ Mastercard	AMEX OTHER	○ CASH				
Cardholder name	3	Expires (mm/yyyy)	Special Inst	ructions:			
Card Number		Security Code					
Billing Address							
City	State / Province	Postal Code	Applicant's signa	ture Date			