

SPONSOR NAME

SPONSOR USERNAME

Account Registration

Please Print...

1. _____ 2. _____ 3. _____
Username (Please include 3 options)

PAID:

Name (First Name, Last Name)

Shipping Address

Contact / Mobile Phone

City State Zip Code

Email

Order

Select one of the following (*Shipping & Taxes not included in price*):

- SILVER** (1 iTeraCare Classic) **GOLD** (3 iTeraCare Classic) **DIAMOND** (10 iTeraCare CLASSIC)
- \$350** **\$1,050** **\$3,500**
- Qty.: _____
- DIAMOND** (1 iTeraCare PRO)
- \$3,500**



YOU



Payment Information

Payment type: VISA Mastercard AMEX OTHER CASH

Cardholder name

Expires (mm/yyyy)

Special Instructions: _____

Card Number

Security Code

Billing Address

City State / Province Postal Code

Applicant's signature Date

Cardholder signature: