



## Select Agent Enrollment Application

Company's Agent Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Email: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

**Monthly Select Agent Membership Fee: \$30.00** (Includes discounted "Gift Kits", marketing material, and personalized web-site, advertising master copy for your ads, free shipping!)

"Gift Kit" Price: (\$150 each as a Selected Agent) or Retail \$175 Each - OR ORDER KITS ONLINE AT [WWW.CUSTOMERSREWARDS.COM](http://WWW.CUSTOMERSREWARDS.COM) WITH PAYPAL/VISA/MC!

### **Paying by Check:**

Payable to MBN or Medical Benefits Network - 1080 Grrentree Road Pittsburgh, PA 15220

**Bulk Pricing:** 20+ Gift Kits \$130.00 Each – 50+ Gift Kits \$120.00 Each – 100+ Gift Kits \$110.00 Each

Total Cost: \_\_\_\_\_ # of Gift kits \_\_\_\_\_

Method of Payment: VISA/MC Number: \_\_\_\_\_

CSV Code (3 Digits on Back of Card): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

**Questions:** 412-341-1400 or Please fax completed form to: 412.341.8700 or email to [dorie@mbn-usa.com](mailto:dorie@mbn-usa.com)

By signing below, I agree to the payment stated above and the monthly fee of \$30.00/month or \$360.00 annual. In addition, I agree to the minimum commitment of purchasing three customers "Gift Kits" a year to maintain my participation as a "Select Agent".

\_\_\_\_\_ Date: \_\_\_\_\_  
Print Select Agent's Name

X \_\_\_\_\_  
Signature of Select Agent

Sales Rep: \_\_\_\_\_