

INSTRUCTIONS FOR COMPLETING THE APPLICATIONS

Before signing any forms, please read the Team National Policies and Procedures.

1. Completing the forms:

- a. Read and sign the Membership Agreement if you are purchasing a Team National Memberships.
- b. Read and sign the IMD agreement if you want to market Team National Memberships.
- c. Read and sign the Disclosure agreement if you want to market Team National Memberships.
- d. Read the "Rules and Regulations" page and initial at the bottom.
- e. Read and understand the Policies and Procedures.

2. Make sure the "HOST" and "PLACEMENT" lines are completely filled out on both forms.

3. There are two ways to submit your applications:

- a. If you are paying by cashier's check or money order, mail the forms to:

**Team National
Data Processing Center
8210 W. State Rd. 84
Davie, FL 33324**

- b. When sending a wire transfer, the following information must be on the wire receipt:

Account number that wire is being sent from	Team National bank name
Name on the account	Team National routing number
Name of bank it is being sent from	Team National account number
Amount of wire	Applicant's name
Federal Reserve Tracking Number (sometimes referred to as an IMAD number)	
Date of Wire	All information must be on verifiable bank form

- c. When sending in a deposit the following information must be on the receipt and cannot be written over:

Transaction Number	Time
Amount	Applicant's Name
Date – Deposits older than 7 days from date on deposit receipt will not be accepted	
Copy of Cashier's check or money order must accompany all deposit receipts	

4. Instructions for a wire transfer or Direct Deposit:

- a. When you go to your bank to order the wire transfer or direct deposit, providing them with the following information will tell them where the money is being sent.

Bank Name:	Bank of America
Address:	5211 Sheridan Street, Hollywood, FL 33021
ABA Number:	0260-0959-3
Account Name:	Team National, Inc/Commission Account
Account Number:	003446122358

TEAM NATIONAL APPLICATION FAX COVER SHEET

PLEASE FOLLOW THESE INSTRUCTIONS:

1. Please fill out this cover sheet clearly and completely to facilitate processing.
2. Fax applications / payoff & upgrades / wire confirmations or deposit slips before 5 P.M. E.S.T. on Friday to (954) 584-5996.
3. **Do not fax a check, it will not be accepted for that week's business.**
4. **The applications must be filled out completely, including host and placement lines,** otherwise the applications will be processed on the day the correction is received.
5. Copy this coversheet and distribute to all IMDs. It is available on www.tncreports.com

HELPFUL HINTS:

1. Wire or Direct Deposit Information:
Bank: Bank of America, 5211 Sheridan Street, Hollywood, FL 33021
ABA Number: 0260-0959-3
Account Name: Team National, Inc. / Commission Account
Account #: 003446122358
2. A wire confirmation is a receipt for the request to wire. It must be on the bank's stationary or an official form. If you call it in, have them fax it to you, then you fax a copy to us with the applications.
3. Send only wire or deposit (which consist of copies of cashier's checks or money orders, copy of deposit receipt) funds for the week you are submitting applications.
4. The date the application is received by Team National is the enter date of the application. **It may not be changed.**
5. Print large and legibly on all applications with black ink for fax to transmit clearly.
6. Program your fax to print a "Fax Transmission Verification Report". **Be sure to keep it!**
 This report may be requested in order to post your sales on the correct date.
7. Check your genealogy 48 hours later to make sure we received your fax.
 If you faxed after 3 P.M. EST on Friday, check your genealogy on Tuesday.
8. Please do not mail in the applications after faxing. File them for your records.
9. Make sure you are not faxing the document upside down, as this is a common error.

SUBMITTERS NAME: _____ **SUBMITTERS PHONE #:** _____

PLEASE LIST THE APPLICATIONS YOU ARE FAXING

	First Name	Last Name	SSN#/ FID#	I.M.D. Agreement? Y/N	Financed? Y/N	Method of Payment Wire, Deposit, Credit Card	Amount Sent
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

_____ TOTAL OF PAGES SENT	TOTAL MUST EQUAL AMOUNT SENT = (TRIPLE CHECK YOUR TOTALS)	\$
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Team National, Inc.

8210 W. State Rd. 84, Davie, FL 33324
Phone: (800)-227-6030, (954) 584-2151; Fax: (954) 584-5996



PLEASE PRINT LEGIBLY

MEMBERSHIP AGREEMENT

The SS# or FID# is your ID# until your TNID# arrives

First Name		Middle Initial	Last Name	Social Security #	
Business Entity (If Applicable)				Federal ID # (If Applicable)	
Address		City	State	Zip Code	
Home Phone () ()	Cell Phone () ()	Business Phone () ()		Fax Phone () ()	
E-mail Address: Required For Processing (enrolls you in our free e-letters: "News From The Top" and "Big N Update")				Date of Birth (Must be 18 years or older)	

I hereby enclose (choose only one box on this form):

A Full Payment of \$2,195.00 for a PREMIUM/BUSINESS MEMBERSHIP

Lifetime access with annual usage: Covers household, parents, grandparents, children, grandchildren, business & 5 employees

A Full Payment of \$795.00 for a 2-YEAR STANDARD MEMBERSHIP

After 2 years, renewable for \$795: Covers household

Full payment must be made with a Visa, MasterCard, Discover, Direct Deposit, Wire Transfer, Cashier's Check, Money Order, or ACH. WE DO NOT ACCEPT PERSONAL CHECKS, BUSINESS CHECKS, CREDIT CARD CHECKS, AMERICAN EXPRESS CREDIT CARDS, PAY PAL OR WESTERN UNION. If paying in full by credit card or if opting to finance your membership, you must complete the credit card information located below the financing options section.

Finance Options; includes initial down payment and monthly payments. If financing, choose only one option below:

A Premium/Business Membership: Requires an \$895.00 down payment and \$81.65 per month for 18 months.

<input type="checkbox"/>	Annual % Rate 15.9%	Finance Charge \$169.70	Financed \$1,300.00	Total Payments \$1,469.70	18 Monthly Payments \$81.65
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A 2-year Standard Membership: Requires a \$395.00 down payment and \$83.21 per month for 5 months.

<input type="checkbox"/>	Annual % Rate 15.9%	Finance Charge \$16.05	Financed \$400.00	Total Payments \$416.05	5 Monthly Payments \$83.21
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I hereby authorize Team National (or its agent) to charge my credit card account in accordance with the amount for the applicable Membership. This authorization is to remain in effect unless Team National receives written notice from me evoking this authorization. With both finance options, my monthly payments will start 30 days after the date of this agreement and shall continue on the same day of the month until all payments are made. I may prepay at any time without penalty. If the payment schedule is not completely satisfied, a Premium Membership will be downgraded to a Standard Membership and a Standard Membership will be suspended. Reinstatement will be at Team National's discretion. Florida Law and applicable Federal Law govern this agreement.

CREDIT CARD INFORMATION - Check one: I am paying in full for my membership. I am financing my membership.

CC#: _____ Exp. Date: _____

IMPORTANT: The credit card used must belong to the applicant and the names must match.

Applicant's name as it appears on Credit Card: _____

By signing below, I acknowledge the value and need for the membership, and I understand I am not purchasing a business opportunity. I have received my copy of the Membership Agreement (this document). I understand that after three business days, this purchase is non-refundable. The Team National phone number is (954) 584-2151. Team National assumes no liability for timely receipt of agreements from any carrier and may terminate this agreement with cause. Memberships are willable.

SIGNED: _____ **DATE:** _____ I would like my Welcome Package in Spanish

PLEASE PRINT **DO NOT LEAVE BLANK**
Host Name: "The one referring the applicant"

Team National ID# or Social Security #
 _____ - _____ - _____ **000**

DO NOT LEAVE BLANK
Placement Name: "Who the applicant is placed under"

Team National ID# or Social Security # Circle one
 _____ - _____ - _____ **L R**

Electronic Funds Transfer for Automated Clearing House (ACH) Payment Option Form

Please Note: This form is only to be used for the Membership Purchase and for the payments of the Financed Memberships.

Authorization Agreement for Debiting

I, the authorized signatory below, have full power and authority to act on behalf of the entity below. As such, I hereby authorize and request Team National, Inc. ("Team National") to make debits according to the Membership Agreement via ACH to the bank account indicated on the attached pre-printed check or savings deposit form. If the Membership is purchased with a down payment and monthly payments, I also authorize subsequent debits in the amount of the payments on the Membership Agreement. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. If an erroneous debit occurs, Team National shall have the right to make any necessary adjustments to the bank account to correct the erroneous entry. I will hold Team National harmless and without liability for the inaccuracy of any debits.

I may terminate this request at any time in accordance with the Membership Agreement.

Instructions: 1. Write VOID on the check and attach it to this form. 2. A company name on the check must match the name on this form. 3. We cannot accept starter checks. 4. Fax this form along with the Membership Agreement, IMD Agreement, and the Disclosure Agreement to 954-584-5996.

Attach Voided Check here.

YOUR NAME 132 Your St. Your Town, FL 12345		1026 99-9//999 XX 999
Pay to the Order of _____		\$ _____ DOLLARS
VOID		
Your Bank ■■		
For _____		
123456789	: 123456789101	: 1026
ABA or Bank Routing Number	Bank Account Number	Check Number

Please complete the following information:

Full payment of: \$ _____; or if financed, with down payment of: \$ _____ and monthly payment of: \$ _____

Routing number on bottom of check	Account number on bottom of check
Company Name (if applicable):	Company Tax ID Number (if applicable):
Authorized Signature:	Date:

COMPLETE THIS SECTION ONLY IF YOU WANT TO CANCEL YOUR MEMBERSHIP

Fax number: 954-584-5996, mailing address: Team National, 8210 W. State Rd. 84, Davie, FL 33324

I, _____, hereby exercise my right to cancel this membership, by invoking my three business day right of rescission. To cancel this transaction, mail, fax, or deliver a signed and dated copy of this Cancellation Notice or any other written notice to the address or fax number above. I understand that my refund will be processed within 20 days, as long as this is submitted or postmarked within three business days of the purchase of my membership. After the three day right of rescission has passed, no refunds will be processed.

_____	_____	_____	(____) _____ - _____
Customer Signature	Federal ID # or Social Security #	Date	Telephone
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	(____) _____ - _____	
Host Name	Host ID #	Telephone	



Team National, Inc.

8210 W. State Rd. 84, Davie, FL 33324
Phone: (800)-227-6030, (954) 584-2151; Fax: (954) 584-5996



INDEPENDENT MARKETING DIRECTOR AGREEMENT

PLEASE PRINT LEGIBLY

The SS# or FID# is your ID# until your TNID# arrives

First Name	Middle Initial	Last Name	Social Security #
Business Entity (If Applicable)			Federal ID # (If Applicable)
Address		City	State
		Zip Code	
Home Phone () ()	Cell Phone () ()	Business Phone () ()	Fax Phone () ()
E-mail Address: Required For Processing (enrolls you in our free e-letters: "News From The Top" and "Big N Update")			Date of Birth (Must be 18 years or older)

By signing below, I hereby apply to be an Independent Marketing Director (hereafter "IMD") with Team National, Inc. (hereafter "Team National") and acknowledge the following: I will become an active IMD and eligible to earn commissions when I make my second sale; I am of legal age in the state in which I enter this Agreement; I have read and understand the Team National Compensation Plan, the Rules and Regulations as outlined on both sides of this Application and Team National Policies and Procedures; that no purchase is required to be a Team National IMD and that earnings I receive will be the result of my personal retail MEMBERSHIP SALES once I qualify from overrides on the retail sales of MEMBERSHIPS; that if I purchase a TN Personal Website and am an IMD in good standing, I may earn commissions from the Big N Marketplace; that no person has promised or implied that I will make any specific income from the Team National Marketing Plan or that I will be able to earn any amount within any time period; that the term of this Agreement is one (1) year from the date of my signature; that this agreement is automatically renewed annually, subject to review and acceptance by Team National; there is a yearly \$25.00 renewal fee to cover the costs of administration and ongoing sales support, deducted from the first commission check each year; that any commission over \$100 will have a \$5 processing fee and I have received my copies of this document. In addition, I may cancel participation in the marketing program at any time and for any reason upon written notice provided to Team National. Upon notification of IMD cancellation or termination, access to a TN Personal Website will cease and Team National will re-purchase applicable products or sales aids in accordance with the Team National Policies and Procedures.

SIGNED: _____

DATE: _____

I would like my Welcome Letter in Spanish

PLEASE NOTE: For 2 and/or 3 you must fill in ID# and Name: I am a Customer/IMD or I am a family member covered by the Membership owned by:

ID# _____ Name: _____

Credit/Debit Card is required for 1 and 2 and will automatically renew the subscription every month:

1. Yes, I would like to participate in the Success Club for \$35.95/mo. (15 PPV, orders after the 20th of the month will count for PPV for the following month), shipping included. This monthly program is designed to help me learn how to build my Team National business and grow my personal potential. Includes: A three CD set "The All Star Team" from Team National leaders, Success magazine, book of the month, book summaries, and content from industry experts (content subject to change).

2. I would like to participate in the Product Program by purchasing 25 PPV. I will receive my 101 Pay Center and immediately start accumulating points and be enrolled in the autoship program. This will give me the 25+ PPV needed to qualify for the \$1,000 Pay Center Bonus.

Choose a minimum of 25 PPV (the Success Club above can be counted as 15 PPV)

- 1 2 TN Complete includes: TN Essentials and TN Taste \$75 each + s/h (37.5 PPV a Level 1 Qualifier)
- 1 2 TN Essentials includes: Fruit & Veggies, TN Multi, TN Osteo, TN Omega 3 \$50 each + s/h (25.0 PPV a Level 1 Qualifier)
- 1 2 Bottles of TN Taste (liquid) \$25 each + s/h (12.5 PPV requires an additional 12.5 for Level 1 Qualifier)
- 1 2 Bottles of TN Fruits & Veggies \$25 each + s/h (12.5 PPV requires an additional 12.5 for Level 1 Qualifier)

3. I would like to own a Team National Personal Website, which includes the Big N Marketplace. The website automatically renews and is for IMDs in good standing.

\$75/yr or \$7/mo \$495/yr (if not covered under a Membership) No, I do not want a Team National Personal Website

4. Please deduct \$99 from my first 5/5 check to ensure uninterrupted access to: Information-On-Demand, (a Genealogy Tool).

Initial payment may be made by credit card, direct deposit, money order, wire transfer or check. Note: FL, AR, MI, and TX residents must add applicable sales tax.

I authorize Team National (or its agent) to charge my credit card for the amount(s) checked above

CC#: _____ **Exp. Date:** _____

Name as it appears on Credit Card: _____ **Signature:** _____

Cancellations must be in writing and refunds for subscriptions are prorated by month.

<p>PLEASE PRINT DO NOT LEAVE BLANK</p> <p>Host Name: "The one referring the applicant"</p> <p>_____</p> <p>Team National ID# or Social Security #</p> <p>_____ - _____ - _____ 000</p>	<p>DO NOT LEAVE BLANK</p> <p>Placement Name: "Who the applicant is placed under"</p> <p>_____</p> <p>Team National ID# or Social Security #</p> <p>_____ - _____ - _____</p> <p>Circle one L R</p>
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Rules and Regulations

1. I agree that as an Independent Contractor, I am responsible for my own actions. I acknowledge that my Independent Contractor business consists of services offered by myself and others and that my actions as an Independent Marketing Director (hereafter "IMD") reflect on the good name and reputation of Team National, Inc. (hereafter "Team National") and set an example for other IMDs.

2. I agree to indemnify and hold harmless Team National and its affiliates and all their respective employees, officers, and directors from and against any and all liability, claims, loss, expense or costs, including reasonable attorney's fees, which are incurred as a result of my acts or omissions or violations of this Agreement.

3. I agree that I am responsible for my own success. I acknowledge that no person or company has made any promise to me or has in any way assured me that I will be successful in my business as an Independent Contractor. I acknowledge that there are no guarantees of success within Team National. I acknowledge that the only success I will achieve will be as a result of my own efforts in retail sales and in the retail sales successes of those whom I may sponsor or host into the company.

4. I acknowledge that I am responsible for obtaining and maintaining all licenses and permits required for me to operate my Independent Contractor business.

5. I acknowledge that Team National shall issue, either in written, audio, or video format, certain policies and procedures, including these Rules and Regulations. I understand that changes to such policies and procedures may be required, and I agree that Team National reserves the right to make such changes. I agree that such policies and procedures become a part of this Agreement and that I must strictly abide by and comply with this Agreement and the Policies and Procedures issued by Team National as well as any applicable laws and regulations, all of which are incorporated into this Agreement by this reference.

6. I acknowledge that Team National is not providing me with a place to work and that I am responsible for all costs of operating my business.

7. I acknowledge that I have the opportunity to earn commissions with Team National from my sales in accordance with the terms of these Rules and Regulations and the published Team National materials.

8. I acknowledge that I have not made any payment or purchase of any kind as a requirement to become an IMD of Team National, and I agree not to require any other person to make any payment or purchase of any kind to become an IMD of Team National.

9. I agree that I and all IMDs recruited by me are Independent Contractors and are solely responsible for determining the time, manner, and method of our efforts hereunder, in conformity with applicable law and our agreements with Team National. None of us are, nor shall be, deemed or treated as an agent, partner, officer, or employee of Team National or any of its affiliated entities. In all dealings with third parties, I will acknowledge that I have no authority to bind Team National or any of its affiliated entities. I acknowledge that for all purposes, including without limitation, the payment of all federal, state and local income taxes, withholding taxes, payroll taxes, workers compensation, fringe benefits, retirement plans, and for all other purposes, I will be treated as an Independent Contractor and Team National will not withhold any federal, payroll, state or local taxes from the remuneration to be paid to me. Because I am not an employee of Team National, I bear sole responsibility for the payment of all federal, state and local income taxes and social security taxes due on any remuneration paid to me.

10. I acknowledge that Team National has exclusive rights to the name "Team National" and to any trademarks, service marks, trade names, logos, slogans, or advertising used in connection with the business of Team National. I agree during the term of this Agreement to only use the trademarks in accordance with Team National Policies and Procedures and upon termination to immediately discontinue its use. I understand that I must follow the advertising guidelines found in the Team National Policies and Procedures to build my business.

11. I understand that Team National encourages each IMD to keep accurate sales records. I further understand that Team National program is predicated upon retail sales to the ultimate consumers; therefore, all forms of "stockpiling" or "pyramiding" are prohibited and under no circumstances will I engage in or encourage others to participate in stockpiling or pyramiding. I understand and agree that products and services are offered to IMDs only for sale to retail consumers. I acknowledge that I have been provided with the Policies and Procedures of Team National prior to the execution of the IMD Application/Agreement, and have carefully read each and every provision therein. I acknowledge that I have been given the opportunity to ask any questions regarding the said Policies and Procedures and that I have found them to be reasonable and agree to abide by them fully and completely. By my signature on the IMD Application/Agreement, I have adopted these Policies and Procedures as my own and understand that any violation of any of these provisions by me shall constitute a breach of our Agreement and grounds for termination.

12. I understand that if I own a Team National personal website and I am an IMD in good standing, I may earn commissions on Big N Marketplace purchases made through my personal website. The Big N Marketplace is an affiliate program, it is not part of the Team National membership savings, and the participating companies do not offer special savings to Team National members.

13. I understand that I will receive a statement of all my commissions and overrides on a periodic basis. IT IS MY SOLE RESPONSIBILITY TO RAISE ANY OBJECTION TO ANY STATEMENT WITHIN THIRTY (30) DAYS OF RECEIPT OF EACH SUCH STATEMENT. In the event I do not provide written notice of such objection within thirty (30) days, I shall have waived any right to make a claim against Team National, or any related or affiliated entity, regarding the items and amounts shown on such statement.

14. Every covenant, term, and provision of this Agreement shall be construed simply according to its fair meaning and not strictly for or against any party. Except as otherwise provided for herein, this Agreement shall be binding upon and shall inure to the benefit of the respective heirs, executors, administrators, legal representatives and permitted successors and assigns of the parties hereto. This Agreement is personal in nature and I cannot assign my rights and obligations hereunder. The waiver by any party to this Agreement of a breach of any of the provisions of the Agreement shall not operate or be construed as a waiver of any subsequent breach or of any similar breach of any similar agreement. No waiver by any party to any similar agreement of a breach of any of the provisions of such similar agreement shall operate or be construed as a waiver of any similar breach of this Agreement. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions of this Agreement, and this Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted. Since important aspects of the performance of this Agreement will occur in the State of Florida, this Agreement shall be governed by and construed under the laws of the State of Florida. Notwithstanding the provision contained in the Policies and Procedures of Team National regarding arbitration, I understand that matters in dispute may arise requiring injunctive relief which are incapable of arbitration. In that event, I agree and acknowledge that in the event any litigation should be initiated by me, that the proper venue for this litigation shall be Broward County, Florida or the United States District Court for the Southern District of Florida. I agree that the exclusive forum for me to bring any action shall be an appropriate State or Federal Court within Florida, and I agree that proper jurisdiction of any such claim shall be exclusively within these said courts. This Agreement and the Rules and Regulations which are a part of this Agreement constitutes my entire agreement with Team National with respect to the subject matter of the Agreement and supersedes any prior agreements or understandings.

IMD businesses are willable.

15. I represent and warrant that I have the authority to enter into this Agreement, and that by doing so I will not be in breach of any other agreement, oral or written, with any other company, agency, association, firm, person or corporation.

16. I agree that any lists of names, or name(s) of persons of any and all types, obtained from Team National during the operation of my independent business with Team National is proprietary information and the exclusive property of Team National and are to be used only with specific written permission from Team National. Any misuse, sale, sharing of, rental or lease of any such names or lists of names, during or after the term of this Agreement, shall be considered a breach of the Agreement and may result in the immediate termination of this Agreement and in the termination of all commissions and overrides to the IMD by Team National. Further, the violation of this regulation cannot be remedied by damages alone; therefore Team National can receive additional injunctive relief in a court of competent jurisdiction.

17. The covenants contained herein are material provisions without which Team National would not have agreed to enter into this Agreement or perform its obligations hereunder. I certify by my signature hereon that I have received, fully read and fully understand this Agreement in its entirety, including any addenda thereto, and that I have had ample opportunity, prior to execution of this Agreement, to consult with my own legal counsel respecting this Agreement and the subject matter hereof.



Team National, Inc.

8210 W. State Rd. 84, Davie, FL 33324
Phone: (800)-227-6030, (954)-584-2151; Fax: (954)-584-5996



DISCLOSURE OF POLICIES AND PROCEDURES

This form must accompany **EVERY** Membership and IMD Agreement

PLEASE PRINT LEGIBLY

The SS# or FID# is your ID# until your TNID# arrives

First Name	Middle Initial	Last Name	Social Security #
Business Entity (If Applicable)			Federal ID # (If Applicable)
Address	City	State	Zip Code
Home Phone ()	Cell Phone ()	Business Phone ()	Fax Phone ()
E-mail Address: Required For Processing (enrolls you in our free e-letters: "News From The Top" and "Big N Update")			Date of Birth (Must be 18 years or older)

Read the following statements and acknowledge your understanding of these four Team National policies:

1. I understand I do not have to purchase a Membership to become an Independent Marketing Director (IMD) and participate in the optional Team National earnings program.

(Initial Here)

2. The 3-business day right of rescission has been explained to me. I have received my signed copies of the Membership Agreement (if purchasing a Membership) and/or Independent Marketing Director Agreement (if becoming an IMD), and this Disclosure form.

(Initial Here)

3. I understand that if I own a Team National personal website and I am an IMD in good standing, I may earn commissions on Big N Marketplace purchases made through my personal website. The Big N Marketplace is an affiliate program, it is not part of the Team National membership savings, and the participating companies do not offer special savings to Team National members. Upon notification of IMD cancellation or termination, access to a TN Personal Website will cease.

(Initial Here)

4. I understand that it is strictly forbidden to market a Membership to any family member who is already covered by the previous purchase of a Membership. I also understand that my failure to adhere to this policy will be a breach of Team National Policies and Procedures.

(Initial Here)

The exceptions to policy #4 are as follows: (1) If the parents of a grown child purchase a premium membership, and the grown child owns a business, that grown child may purchase a membership to cover his or her business and employees. (2) If the parents of a grown child purchase a premium membership, the package will cover the grown child's spouse, but not his or her in-laws. A membership may be purchased by either the in-laws or the grown child to cover the in-laws.

I certify that I have read the above statements and have personally initialed each statement.

SIGNATURE: _____

DATE: _____



Team National/National Companies

4350 Oakes Road, Suite 512 – Davie (Ft. Lauderdale), FL 33314
Phone: (800)-227-6030, (954)-584-2151; Fax: (954)-584-5996

ALASKA AND HAWAII BENEFIT PACKAGE DISCLOSURE FORM

This form must accompany each sale made in the States of Alaska and Hawaii. No exceptions will be made.

PRINT LEGIBLY

First Name	Middle Initial	Last Name	Social Security #
Business Entity (If Applicable)			Federal ID # (If Applicable)
Physical Address (no P.O. boxes please)	City	State	Zip Code
Home Phone ()	Business Phone ()	Fax Phone ()	
E-mail Address			Date of Birth (Must be 18 or older)

This policy is in effect for all business conducted in Alaska and Hawaii.

Read the following statements carefully, and acknowledge your understanding of these policies of Team National/National Companies:

All Team National/National Companies benefits are good for the term of the Benefits Package. Team National/National Companies reserves the right to amend, revise or change Benefits Providers as necessary. Careful attention is given to ensure data accuracy in our benefits guides and our website; located at www.bign.com. Team National/National Companies assumes no responsibility for errors/omissions. All information is subject to change without notice. Some benefits may not available in some states, particularly Alaska and Hawaii.

(Initial here)

The benefits and services that are currently unavailable in Alaska and Hawaii include and may not be limited to:

You may order New Vehicles and Program Cars but only mainland delivery is available (please call for details).
Team National Communications
Program Cars (available only for mainland delivery)
Motorcycles

(Initial here)

By signing below, I certify that I have read the above statements, and have personally initialed each statement. I also attest to having a need for the Benefits Package with the understanding of the limitations disclosed above.

SIGNATURE: _____ **DATE:** _____