

Promise Communications

3 Step Plan Advertising Co-op Participation Form

Please read these terms and conditions. Complete the form and **sign where required**. Signatures of both the Co-op Member and the Credit Card holder are required. Fax this form to 573-346-0275, or mail to: Promise Communications, PO Box 1920, Camdenton, MO 65020.

1. **3-month minimum commitment.** When you join our Co-op, you are making an initial, non-cancelable, commitment of 3 months. After your first 3 months, you will be placed on a month-to-month standing order.
2. **Cancellation Policy.** After your initial 3 months, you may cancel your membership **prior to the 8th** of the month preceding the month you wish to be cancelled (e.g. to cancel for November, you must send us a Cancellation Form by October 8th). You may fax, email or send the form through the mail. This deadline also applies to any share decreases. You will receive an **email confirmation** with a **confirmation number** for all cancellations **within 1 business day**. Without this confirmation you will **NOT BE CANCELLED** from the Co-op.
3. **Payment.** On the 10th day of each month, or closest following business day, your credit card will be billed \$105 for each share that you have purchased for the following month. The charge will show as "Promise Communications" on your credit card statement. The charges are done one month in advance.
4. **No Refund Policy. There will be no refund after you are billed.** This is because we must purchase our advertising in advance.
5. **There are no guarantees** as to the number of leads you will receive each month.
 Promise Communications. Email- customerservice@promisecoop.com Fax- 573-346-0275 Phone-573-346-7175

Your name _____	XanGo ID# _____
Upline Premier _____	Upline 20K _____
Current XanGo Rank (Please Circle) Pref. Rep 1K 5K 20K Premier 100K 200K 500K	
Email _____	Referred by _____
Phone # _____	Fax _____
Your 800Link 800 number is _____	Extension(s) _____
I request _____ shares per month in the Co-op.	Co-op start month _____
Circle which zone you would like to receive the majority of your leads from Pacific/Mountain Central Eastern Meal Pack	
Signature of Joining Co-op Member (required) X _____	
Payment method:	
Bank Card: Credit Card ____ Debit Card ____ AmEx ____ Discover ____ MasterCard ____ Visa ____	
Card # _____	Expiration date _____
Name on the card _____	
Address of cardholder _____	
City _____	State _____ Zip _____
I understand that I will remain in the Co-op until I notify the Co-op in writing per the Co-op policy that I wish to cancel. I understand that I will receive a confirmation of cancellation email with a confirmation number. I understand that without this cancellation number I cannot consider my account to be cancelled.	
Signature of Card holder (required) X _____	Cardholder Phone # _____

Please verify we have received your fax by calling the office or by email.

Rev. 03/04/09