



- Indicates Required Field.
- 09/13/08

Sponsor Information

Sponsor ID:* ID of referring Distributor.

Sponsor Name:

Personal Information

SSN/EIN:*

Company Name:

If a company name is entered commission checks will be paid to the company name.

First Name:*

Middle Initial:

Last Name:*

Billing Address

Address Line 1:*

Address Line 2:

City:*

Country:

State:*

Postal Code:*

Shipping Address

Check here if shipping address is the same as billing address.

Address Line 1:*

Address Line 2:

City:*

Country:

State:*

Postal Code:*

Contact Information

Home Phone:*

Work Phone:

Cell Phone:

Fax:

Email Address:*

Account Login Information

Username:* Must contain at least 4 characters. Letters and numbers only.
Password:* Must contain at least 4 characters. Letters and numbers only.
Confirm Password:*

Signup Options

Basic Membership - \$49 activation fee

Premium Membership - \$199 activation fee

Auto-Ship

AUTO-SHIP - \$52.75

Includes: 1 - 8oz. CMD Enhancer, 1 - Micro-Armor Oil Additive, 1 -8oz Spray Lubricant

This is the default autoship - changes can be made at any time from your virtual office.

CMDeluxe Internet Marketing System \$19.95 monthly

The CMDeluxe System will be your own personal system. In order to qualify for the CMDeluxe Power Pools, you must be using this system. You will still earn all your commissions from Cut My Dependency as you build your business whether you have this system or not. Your CMDeluxe system, as you have already seen, works for you 24/7 and does the presentation and follow up. You will be able to order Leads and Advertising plus additional systems and tools to generate responses. You may cancel your system at any time.

Initial I want to include the CMDeluxe Internet Marketing System

Enter Website Information

Please enter the name you would like for your website below.

<http://www.cutmydependency.com/>

You may change your website name at any time after signup.

*Website name may only contain letters and numbers. No spaces, symbols or punctuation marks.

Payment Information

Please select the type of payment you would like to use for your payment today.

Payment Type:* Circle one Checking Credit Card

Credit Card #: Exp: CVV2:

Checking Account: Routing #: Account#:

Application Agreement

Initial I Authorize Cut My Dependency to enroll me as an Independent Representative.