

# ENROLLMENT FORM

VIP COACHING MEMBERSHIP



***YES! I want to be a member of the VIP Coaching!***

Gain Membership, Coaching and Support for \$697/month.

(A minimum commitment of six months is required. Cancellation of membership after six months must be in writing 30 days prior to cancellation.)

**BILLING ADDRESS** as it appears on the credit card statement

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_ Website \_\_\_\_\_

**SHIPPING ADDRESS** (If different than billing address)

Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

**PAYMENT OPTION** All credit cards will be processed by The Catering Coach.

Circle type of card: VISA    MasterCard

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Full Name (as it appears on the card) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTE: In order to avoid interruption of service or for split payments, please specify a second credit card that we may use.

Circle type of card: VISA    MasterCard

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Full Name (as it appears on the card) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, I authorize The Catering Coach to process my credit card(s) each monthly installment pertaining to my selection above and in accordance with the Cardholder Agreement. Note: Phone, Fax and E-mail are mandatory. Providing this information constitutes your permission for The Catering Coach or Sandy Korem to contact you regarding related information via these means.