



Cardholder Application

"YOUR CHOICE FOR ENDLESS SAVINGS"

PRIMARY ACCOUNT HOLDER INFORMATION											
LAST NAME						FIRST NAME				MI	
STREET ADDRESS											
CITY				STATE		ZIP CODE			COUNTY		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)											
CITY				STATE		ZIP CODE			MOBILE NUMBER		
E-MAIL ADDRESS						HOME NUMBER					

ADDITIONAL CARDHOLDER (ONLY AVAILABLE FOR ONE IMMEDIATE FAMILY MEMBER - \$10.00)											
LAST NAME						FIRST NAME				MI	

METHOD OF PAYMENT											
(Choose one method of payment below)										Expiration Date	
VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AMERICAN EXPRESS	<input type="checkbox"/>	DISCOVER	<input type="checkbox"/>	<input type="checkbox"/> Money Order			<input type="checkbox"/> Checking Account			<input type="checkbox"/> Savings Account	
Name on Card or Bank Account								9 Digit Bank Routing Number			
Bank Name				Bank Account #							
Billing Address						City		State		Zip	

SPONSORING ADVERTISING AGENT													
LAST NAME						FIRST NAME				MI		REP ID#	
CITY				STATE		ZIP CODE			COUNTY				

The card fee is \$30.00 and is valid for a period of at least 12 months* from the time of issuance, as noted on the expiration date printed on the Card.

*All cards purchased before June 1, 2010, are valid for a period of 24 months before renewal is required.

By signing this application I hereby agree to the terms and conditions of the cardholder agreement as printed on the reverse side of this application.

Applicant's Signature _____ Date / /

FOR CORPORATE USE ONLY

Approved by MyChoice, LLC _____ Title _____ Effective Date / /

Card # Cardholder ID #