

Client Enrollment Form

13017 Wisteria Drive Suite #347, Germantown, MD 20874

FAX AGREEMENT TO: 301.540.3700

Name: Last _____ First _____ MI _____ SSN# _____ - _____ - _____

Mailing Address: _____ DOB _____ / _____ / _____

City: _____ State: _____ ZIP: _____

Residence Address (if different) _____

Home Phone _____ Cell Phone _____

E-mail _____ @ _____

Previous Address _____

We offer two payment options for both Individual or Family plans: **Choose Only One Plan**

Individual Plan:

1) **Payment Plan:** Client agrees to make an initial investment of \$195.00 followed by six (6) monthly investments of \$175. Monthly investments shall be paid on (choose) 5th _____ or 15th _____ of each month with the first monthly investment to be paid on _____ / _____ / 200____.

2) **Full Payment Discount Plan:** Client agrees to make a one time payment of \$995.00 to pay in full a six month agreement.

3) **30 day Discount Plan:** Client agrees to make a one time payment of \$500 now and \$495.00 within 30 days to pay in full a six month agreement.

Family Plan:

1) **Payment Plan:** Client agrees to make an initial investment of \$295.00 followed by six (6) monthly investments of \$250.00. Monthly investments shall be paid on (choose) 5th _____ or 15th _____ of each month with the first monthly investment to be paid on _____ / _____ / 200____.

2) **Full Payment Discount Plan:** Client agrees to make a one time payment of \$1495.00 to pay in full a six month agreement.

3) **30 day Discount Plan:** Client agrees to make a one time payment of \$500 now and \$995.00 within 60 days to pay in full a six month agreement (\$500 within 30 days and the remaining 495.00 within the next 60 days).

SPOUSE INFORMATION (For Family Plan Only)

Name: Last _____ First _____ MI _____ SSN# _____ - _____ - _____

Mailing Address: _____ DOB _____ / _____ / _____

City: _____ State: _____ ZIP: _____

Residence Address (if different) _____

Eve Phone _____ Day Phone _____

E-mail _____ @ _____

Previous Address _____

Right to Cancellation: Client may cancel this agreement without penalty or further obligation at any time before midnight of the fifth (5th) business day after the date on which you signed the client agreement. See the NOTICE OF CANCELLATION form in your New Client Guide for an explanation of this right.

Liability: With regard to SERVICES by CMD and its affiliates, CMD shall not be liable to client for any acts or omissions in the performance of SERVICES except when the acts or omission are due to willful misconduct or gross negligence. CLIENT shall hold CMD and its affiliates harmless from any obligations, costs, claims, judgments, attorneys' fees and attachments arising from or growing out of SERVICES rendered, except if CMD is adjudged to be guilty of willful misconduct or gross negligence by a court of competent jurisdiction.

CLIENT SIGNATURE

_____/_____/_____
DATE

Terrence Johnson

Terrence Johnson, CMD

ACCOUNT EXECUTIVE

_____/_____/_____
DATE

Agent #

Client Check Authorization

Account Executive: _____

Please Print Clearly in Black Ink

Name(s) on Account _____
Print exactly as it appears on your check

Address On Check _____
Print exactly as it appears on your check

City State ZIP

Bank _____

Routing _____ **Acct.** _____

I hereby authorize Credit Membership Dept/BluePoint Financial to auto-withdrawal from my bank account according to the following schedule: (choose one) Checking Savings

Plan: (choose one) Individual Plan Family Plan

Payment Options: (choose one): Full Payment Discount Plan 30 Day Discount Plan 6 month Payment Plan

Initial installment: ____ / ____ / ____ \$ _____

1st ____ / ____ / ____ \$ _____ 2nd ____ / ____ / ____ \$ _____ 3rd ____ / ____ / ____ \$ _____

4th ____ / ____ / ____ \$ _____ 5th ____ / ____ / ____ \$ _____ 6th ____ / ____ / ____ \$ _____

Signature _____ **Date** ____ / ____ / ____

By my signature above,
I acknowledge I have read, understand, and agree to the terms and conditions of client enrollment for 6 months.

Attach Voided Check Here

Client Credit Card Authorization

Account Executive: _____

Please Print Clearly in Black Ink

Name(s) on Card _____
Print exactly as it appears on your check

Billing Address Of Card _____
Print exactly as it appears on your check

City State ZIP

Expiration Date ____ / ____ / ____ **CVV Code** *(3 digits on back of card or 4 on front of AMEX)* _____

Credit Card Number _____

I hereby authorize Credit Membership Dept/BluePoint Financial to charge my credit card according to the following schedule:

Plan: *(choose one)* __ Individual Plan __ Family Plan

Payment Options: *(choose one):* __ Full Payment Discount Plan __ 30 Day Discount Plan __ 6 month Payment Plan

Initial installment: ____ / ____ / ____ \$ _____

1st ____ / ____ / ____ \$ _____ 2nd ____ / ____ / ____ \$ _____ 3rd ____ / ____ / ____ \$ _____

4th ____ / ____ / ____ \$ _____ 5th ____ / ____ / ____ \$ _____ 6th ____ / ____ / ____ \$ _____

Signature _____ **Date** ____ / ____ / ____

*By my signature above,
I acknowledge I have read, understand, and agree to the terms and conditions of client enrollment for 6 months.*