

New Leaf National Accounts Marketing Program Sign Up Form

Please sign me up for the following titles:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I authorize New Leaf to remove one copy of each of these titles to send to Ken, and I understand that I will not be paid for these copies.

My entry deposit is \$ _____ (\$150 x number of titles)

Please charge my credit card

Card Type (Visa or Mastercard) _____

Name on Card _____ (Please print)

Card Number _____ Expiration Date _____

CVV number _____

Credit Card Billing Address _____

Check is enclosed

I have thoroughly read the *Program Description*, and the *Frequently Asked Questions* and understand

Name of Publisher

Authorizing Signature

Date

Name (Please print)

Title

Email

Phone

Please fax form to 770-944-2313 if paying by credit card or mail to New Leaf Distributing Co., 401 Thornton Rd. Lithia Springs, GA 30122 if paying by check. THANK YOU!