

Enrollment Agreement
(please print or type)
Please fax this agreement to (561) 988-9099

Name: _____

Address: _____

City, State, Zip Code _____

Phone Number: () _____ - _____

Fax: () _____ - _____

E-mail Address: _____

A monthly access fee of \$30.00 will be charged on the 1st business day of each month. This fee will automatically be charged to the credit card number provided. In the event the credit card is rejected; Revelex will make three additional attempts to gain an approval code. After which time access to the booking engine will be shut off. In order to have access reinstated, the enrollee must provide corrected billing information to Revelex. Reinstatement will be granted at no charge.

Credit Card Information

Card Type:

_____ AMEX _____ VISA _____ MASTERCARD _____ DISCOVER

_____ Other, please specify. *Please note, we cannot accept check cards.*

Card Number: _____

Expiration Date: _____

Issuing Bank: _____

Name on the card, exactly as it appears: _____

Billing Address: _____

City, State, Zip Code: _____

Authorization Agreement:

I understand I will be charged the amount of \$30.00 per month, effective the 1st business day of each month. I authorize Revelex to charge the amount of \$30.00 per month to my credit card. I understand I am responsible for providing Revelex with correct and updated information. Incorrect information will result in a disruption in access to the booking engine.

Authorization Signature

Date