

Client Newsletter Fast Fax Form

Yes! I want to generate more referrals automatically by using a monthly Client Newsletter that's designed for responses. Please place my order as follows:

Name:	Start with Month:			
Company:				
Address:				
Work Phone:	Fax:			
Home Phone:	Email /	Email Address:		
The monthly charge is (_) By Referral Only Co (_) By Referral Only For (_) Others - \$99.95 per This order form authorizes By Refer	rmer Community r month	/ Members -	=	
-	plan, please fax us a	•	on. If you're paying by check with the check. All checks and credit card	
() Attached is a copy of a voide	ed check. Please debit	my checking ac	count for the payment specified above	
() Credit Card payment information () Visa () Ma		Discover	() American Express	
Name on Card (Please Print):				
Account Number:		Exp. Date:		
Your Signature:			Date:	
If you're a current By Referral On By Referral Only Community mer			urrent credit card on file for billing. eb site. All other subscribers receive	

Approval signature required for processing all orders.

the newsletter via a link emailed on or about the 15th each month.

Fax To: 760-707-1299 Or Call: 800-950-7325

> By Referral Only 6349 Paseo Del Lago Carlsbad, CA 92011