



# Partner Enrollment Form

Order by Mail: Send this order form to: Zero To Profit, 10769 Broadway No. 352, Crown Point IN 46307  
 Order By Phone: 866-ZTP-CLUB (866-987-2582) | Order By Fax: 1-219-202-2752 | Order Online: www.ztpclub.com

## Billing Address:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Referral ID#: \_\_\_\_\_  
Located on the back cover in yellow box

## Ship To Address:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

## Method Of Payment:

- Visa  
  Discover  
  MasterCard  
  Cashier Check  
 Money Order  
  Cash



We do not accept American Express

Credit Card # (or Debit Card)  
 \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (required if using credit card)  
 \_\_\_\_\_

Daytime telephone number: (\_\_\_\_) \_\_\_\_\_

Evening telephone number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

PLEASE NOTE: When you pay with a debit card, you authorize Zero To Profit to process your payment electronically. Funds may be withdrawn from your bank account on the same day.

## Section 1: Select Enrollment Package

**OPTION #1**  
**FREE**  
 JUST PAY **\$8.95** S&H FOR YOUR ENROLLMENT KIT

**OPTION #2**  
**\$199**  
 BILLED ON THE SAME DATE ANNUALLY

**OPTION #3**  
**\$499**  
 BILLED ON THE SAME DATE ANNUALLY

**OPTION #4**  
**\$999**  
 BILLED ON THE SAME DATE ANNUALLY

**SECTION 1 TOTAL**

Do Not Put \$0 Here. Even If You Are Choosing The Free Enrollment Package You Must Pay \$8.95 For Shipping & Handling

## Section 2: Would you like to order products? If so fill out the order summary below

\$499 package receives 2 free items priced \$15 & under, \$999 package receives 3 free items priced \$15 & under. Write those items below and put \$0 in the price section. If you are not ordering the \$499 or \$999 package, you can still order products. Enter the cost of each item and the total.

Item#	Description	Size	Qty	Price	Total
<b>SECTION 2 TOTAL</b>					

**What is your GRAND TOTAL :\$** \_\_\_\_\_ (add section 1 Total & section 2 Total)  
 (Your payment will be for this amount)