

GUARANTEED PROSPECTS TO SEE ("GPS") APPLICATION

COMPLETE & FAX TO 775-205-9247

DO YOU WANT YOUR CONTACT INFORMATION ON THE DVDS? YES NO

LIST MY NAME AS A REVIEWER ON THE BACK COVER OF SS GUIDE Yes No

Producer Name:			
Business Name:			
Business Telephone:			
Email:			
Web Site Address:			
Zip Code Choices	1 st	2 nd	3 rd

PLEASE READ BEFORE PLACING ORDER

BHC GUARANTEES THAT THE NAMED PRODUCER WILL RECEIVE GUARANTEED PROSPECTS TO SEE ("GPS") WITH QUALIFYING INFORMATION FOR THE MONEY REMITTED OR THE BUSINESS SUBMITTED TO BHC. IF THE QUALIFIED PROSPECTS CANNOT BE DELIVERED AS GUARANTEED, BHC WILL RETURN ANY PAYMENT RECEIVED. A SUBSEQUENT SUPPLY OF AT LEAST 15 GPS WILL BE PROVIDED AT NO ADDITIONAL COST (SPECIAL CONTRACTS NOT ELIGIBLE) WHEN \$200,000 IN PAID SALES OF TIER-ONE CARRIERS IS REACHED, PROVIDED THE SALES ARE RECEIVED WITHIN 90 DAYS FOLLOWING THE DELIVERY OF INITIAL GPS; HOWEVER, NO MORE THAN 15 GPS ARE GUARANTEED DURING ANY CALENDAR MONTH. THE EARNEST MONEY WILL BE RETURNED WHEN \$75,000 IN TIER-ONE BUSINESS IS SUBMITTED WITHIN 30 DAYS AFTER THE GPS GUARANTEE HAS BEEN MET. IF QUALIFYING SALES ARE NOT SUBMITTED, BHC SHALL RETAIN THE BALANCE OF THE EARNEST MONEY DEPOSIT, IF ANY. BHC RESERVES THE RIGHT TO CHANGE THE FOREGOING UPON NOTICE. BHC GUARANTEES 5 GPS FOR EACH \$25,000 IN QUALIFYING BUSINESS SUBMITTED, UP TO A MAXIMUM OF 15 GPS. INITIAL FULFILLMENT MATERIALS PROVIDED AT NO CHARGE.

HOLIDAY MAILING SCHEDULE: Orders placed between Nov 10 & Nov 14 will be mailed beginning Nov 17.
Orders placed between Nov 21 & Jan 9 will be mailed beginning Jan 12, 2009.

Payment Method: (For payment by check, call GPS Dept. at 800-201-0224 Extension 131)

Credit Card (Complete Form Below) Use Credits from my BHC Expense Reimbursement Account

Program Selected:

\$_____ Business Submitted **FIRE SALE** \$599 (Reg. \$1,000) Earnest Money - 15 GPS

Purchase _____ GPS @ \$60 each

Custom Order (please specify): \$_____ GPS_____ Comments: _____

SHIPPING ADDRESS FOR SS GUIDES & DVDS:

Street Address / PO Box:

City: _____ State: _____ Zip: _____

Credit Card Information

Visa MasterCard Security Code (last 3 digits on back of card): _____

American Express Security Code (4 digits on front of card above card number): _____

Card Number: _____ Exp. Date: _____

Billing Address:

City: _____ State: _____ Zip: _____

BHC Marketing may charge my credit card for the cost of GPS Program selected.

Signature: _____ Date: _____

To Be Completed By BHC

BHC P.A.I.D. Code	Tier-One Appt.	BHC Marketing Consultant
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