VOXXLIFE

FUNDRAISING PROGRAM APPLICATION FORM

First Name: _____ Last Name: _____

Birth Date (mm/dd/yy): _____

Name of Team/League/School: _____

Address: _____ Postal/Zip Code: _____

City: _____ Province/State: _____

Work Telephone # _____ Cell # _____

Email Address: _____

Replicated Website Name: _____

Name of Sponsor: _____ Associate ID Number: _____

Have you previously participated in this program? _____

Do you have family members associates with VoxxLife? _____

Are you a certified representative of the Team/League/School? _____

Do you have documentation/credentials to prove so? _____

What is the duration of the Fundraiser? _____

Signature of representative: _____ Date: _____

Billing Address

Name of Card Holder: _____

Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Contact Number: _____

Shipping Address

Name of Recipient: _____

Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Contact Number: _____

Credit Card # _____

Expiration Date: ___/____/____

CVV #: _____