



ATTN: Team National

RE: Website Reinstatement

Please reinstate the Personal Team National Website for:

Name: _____

IMD Number: _____

Email Address: _____

Street: _____

City: _____

State: _____ Zip Code _____

Credit Card: _____

Expiration Date: _____

I authorize National Companies to charge my credit card for the amount of:

(check one) _____ \$7 monthly or _____ \$75 yearly

Signature

X _____

Fax to 954-584-5996