



TATIC STIMULUS SYSTEM[®]

STIMULUS CARD PROGRAM

ORGANIZATION ENROLLMENT

1. Full Legal Name/Business Entity: _____

DBA _____

Home/Business Address: _____

City: _____ State: _____ Zip: _____ Phone# _____

Referred By _____

2. Company Type:

Proprietorship () _____ Partnership () _____ Limited Partnership () _____ Limited Liability Company () _____ Corporation () _____

Federal Tax ID (If Incorporated) _____ State of Incorporation _____

3. Authorized Contact (If we are not able to reach you)

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Email Address: _____ @ _____

I hereby enroll into the E-Static Stimulus System- (Stimulus Card) Cashback – Discount – Coupons Program for Individual Organizations. I hereby affirm my willingness to provide member referrals through social media and related platforms to E-Static Stimulus System. In exchange for member referrals E-Static will initiate a remuneration compensation agreement aka Wealth Return Path Agreement made payable to the designated Wealth Return Path chosen. I/We hereby agree to contact E-Static Stimulus Card to assist in the implementation of my program. I understand that I will receive a yearly Form 1099 for tax purposes. I understand that the program is free and that I am free to withdraw at any time. I also fully understand that E-Static Stimulus System is under no obligation to accept me or my organization into the program. That E-Static Stimulus System retains its selection criteria based on its program rules and policies. Mail to: 14311 Biscayne Blvd, #611295, Miami, FL 33265 - Scan and Email to: info@e-staticstimulussystem.com

Printed Name _____

Title _____

Signature _____

Date _____

