

APPLICATION TO BECOME A DOCTOR3MILLION.COM



FOR THE \$2.7M SYSTEM
INDEPENDENT DISTRIBUTOR
OR
TO BE A BUYER / CUSTOMER

Dear Sir/ Madam,

I WANT TO PURCHASE THE gate4deal VIP CARD & WORK TOO
I would like to join doctor3million program, purchase one membership card and work as an Independent distributor for a chance to make up to \$2.7 Million within 1 - 6 year from today.

Enclosed herewith is my cashier's check or money order for \$100.00 made payable to : www.gate4deal.com. Please Send my start-up kit AND my VIP CARD

I WANT TO PURCHASE THE gate4deal VIP CARD ONLY
I would like to join doctor3million program, purchase one membership card AND USE IT TO ADVERTISE AND PROMOTE MY BUSINESS. Use the Free & Interest Free \$5,000 Corporate Line of Credit and all other membership benefits.
Enclosed herewith is my cashier's check or money order for \$96.00 made payable to : www.gate4deal.com. SEND MY VIP CARD

I WANT TO WORK ONLY.
I would like to join doctor3million program, AND WORK TO PROMOTE WWW.GATE4DEAL.COM VIP CARD OR ANY OTHER PRODUCT(S) THAT THE COMPANY MAY HAVE IN THE FUTURE. I can start work now. I will get the card later. Please send me my MLM worker's code.

Enclosed is my \$19 for shipping and handling. Send my start-up kit

To:
www.gate4deal.com VIP CARD
Div. Top Rank Business Associates
Group of Companies, Inc.
5190 Neil Road, Ste. 430 Reno. NV.
89502 USA. Tel: 775-333-1125
FAX: 1-888-317-4874

YOUR INDEPENDENT SALES REP /SPONSOR :

Name: Dr. Israel Fagbemi
Sales Agent Code: 4588-2255-1000
Tel: 775-333-1125
Fax: 1-888-647-3886
E-mail: izzy@vosar.com

My Name _____ Tel: () _____
Fax _____ Email: _____
Address: _____ City _____
Province / State _____ Postal / Zip Code _____
Country _____ Signature _____
Date _____

CREDIT CARD OWNER'S AUTHORIZATION FORM.

(FAX IT TO : 1-888-317-4874)

To: Top Rank Business Associate Group, Inc.
5190 Neil Road, Suite 430. Reno, Nevada. USA 89502
Tel: 775-333-1125 , Tel: 1-800-905-9530 , Fax: 1-888-317-4874 , toprank@gate4deal.com

I hereby authorzied the above named Compay/Corporation. to Charge or Debit a total amount of : \$ _____ .00
to my _____ (Issuing Bank Name) Credit Car

My Personal Information is as follows:

Name(First & Last) _____ As is on your card.
Billing Address: _____
Street: _____
City: _____ State: _____ Postal / Zip Code: _____
Country: _____

Mailing Address (If Different from the credit card billing address):

Street: _____
City: _____ State: _____ Postal / Zip: _____
Country: _____
Phone: _____ Fax: _____
E-Mail: _____ URL: _____

Credit Card Information:

Visa _____ Mastercard _____ Discover _____ American Express _____
Name on Card: _____
Credit Card Number: _____ Exp. Date: _____
CVU : Code on the back of your Card _____
Card Holder's Authorized Signature _____
Date: _____

(FAX IT TO : 1-888-317-4874)

IT'S FAST, SAFE AND SECURE. WE ACCEPT CHECKS BY FAX

Fax your check (glue it onto here) and your order form to: Fax 1-888-317-4874

or BY E-MAIL : E-mail your check and your order form to: toprank@gate4deal.com

Write. Sign &
Glue your Check here

This Please Complete the Form Below:

Sometimes the print on a check is difficult to read after the fax process. Please take a moment and fill-in all the blanks. The "answers" to the questions below are all contained on the face of your check.

1. ABA NUMBER _____

in the upper right quadrant of your check. Usually small. May look like 94-71/1228

2. TRANSIT NUMBER _____ CHECK NUMBER _____

3. BANK NAME & BRANCH _____

4. BANK ADDRESS _____

5. YOUR NAME AS IT IS PRINTED ON CHECK _____

6. YOUR ADDRESS _____

7. PURPOSE OR PROGRAM SIGNED-UP FOR: _____

8. YOUR TEL:() _____ FAX:() _____ E-MAIL: _____

9. SIGNATURE (AS ON CHECK) _____ 10. DATE _____

TO:

TOP RANK BUSINESS ASSOCIATES GROUP(GROUP OF COMPANIES)INC.

Office: 5190 Neil Road, Suite 430 Reno. Nevada 89502 USA

Tel: 775-333-1125 Fax 1-888-317-4874 E-mail: toprank@gate4deal.com

Note: We did not ask for any personal information from you. All information asked of you on this form, are available right there openly, on the face of your check. Note also that, Check-By-Fax or by e-mail is accepted from USA drawn Bank Account only . For checks from all other countries, please send your check by mail