



7251 West Lake Meade Blvd, Ste 300
Las Vegas, NV 89128

Founding Members Application

Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

In order to setup your New Destiny 800 account please provide the following:

User Name: _____

Password: _____

| |
|--|
| Type of Card: Visa _____ Master Card _____ Amex _____ Discover _____ |
| Credit Card # _____ EXP Date _____ CID _____ |
| Name on Card _____ |
| Billing Address _____ |
| City _____ State _____ Zip _____ |
| Signature _____ Date _____ |

****Note all charges final. No Refunds of the amount \$268.00**

I here by authorize New Destiny 800 to manually charge my credit card \$268.00, for a membership with the company including products and training.

Signature: _____ Date: _____

IMPORTANT! Fax form to 866-713-3137 after completion.

