

## Please send to Rancho Belago Realty Fax: (951) 242-1130 E-mail: Ranchobelagorealty1@yahoo.com

## Enrollment Application



Mail To: Financial Education Services, PO Box 68, Farmington, MI 48332 Phone: (248) 848-9065, option 2 • Fax: (972) 692-7006 • E-mail: RepSupport@myfes.net

If you are enrolling as an individual inlease enroll with your first name, last name and SSN. If you are enrolling

business, please provide the company name an statements and 1099 Form,	nd Federal Tax ID #. All docum will reflect the name and infor	entation, including your commission
Social Security #	Date of Birth	
Mr Ms First Name	Last Name	Middle Ini
Complete only if commission is to be paid to compa		
Street Address	Apt/Suite	
City	State	ZIP Code
E-mail	Home Phone	
Work Phone	Cell Phone	
One time setup fee (\$188)	\$89 per month (F	ES Protection Plan)
Enrollment in the FES Protection Plan Membership requires both an Independent Sales Agent Application form and FES Protection Plan application form to be submitted. Please ensure both applications are included in your submission.		
☐ Visa ☐ MasterCard	Discover	American Express
Credit Card No.	cvv	Expiration Date
Card Holder Name	Billing Street Address	
City	State	ZIP Code
To Pay By Personal or Business Check (Make Checks Payable to: VR-Tech)		
Routing No.	Account No	Check No.
Acct Holder's SSN (FIN)	Acct Holder's P	hone
Billing Street Address		
City	State	ZIP Code
Missing or invalid payment information may delay application	n processing. Please verify that the	above information is correct before submission.
Please accept this application and enroll me as an Ir authorized marketing agent for a variety of financia the terms and conditions of enrollment attached to	l, educational and service pro	ducts. This application is subject to all
Applicant Signature	Date	
Enroller Agent Name:	Sponsor Agent ID Number:	
Sponsor Agent Name:		