



Date: _____

Sales Rep: (if applicable) _____

8202 Wiles Rd. Suite 128 Coral Springs, FL 33067

Ph: 1.888.869.0248 Em: blmus.com@gmail.com

Our Standard Commitment Requirement: The standard commitment for new clients is a 3 month commitment. After the initial 3 months the agreement becomes a month to month agreement where the client may cancel at any time. If a client cancels, their campaign will run until the end of its current monthly cycle and then shut down and they will not incur any additional charges. Each previous transaction is final and there are no refunds.

Our Performance Guarantee: At any time during the first 3 months of marketing the client may cancel and void the standard 3 month commitment if we fail to generate the minimum number of new clients or sales as follows: 5 new clients per month minimum for the Silver level, 8 new clients per month minimum for the Gold level, and 11 new clients per month minimum for the Platinum level. Our clients have the right to decide what is considered a new client or sale and what is not. If a client wishes to cancel at any time they would simply call or email us and request cancellation, at which time they will be issued a cancellation number. If a client cancels, their campaign will run until the end of its current monthly cycle and then shut down and they will not incur any additional charges. Each previous transaction is final and there are no refunds.

One time set up fee \$150 Monthly fee- please circle one: Silver \$599 - Gold \$799 - Platinum \$999

Please circle flex pay payment option if desired: SILVER PLAN: \$295 to start then \$145 per week
GOLD PLAN: \$345 to start then \$195 per week
PLATINUM PLAN: \$395 to start then \$245 per week

Business name: _____ Phone: _____

You may also email any information, documents or images you would like us to use to blmus.com@gmail.com. Please know that we will contact you to discuss your campaign's details and specifics before starting your campaign.

Please complete credit or debit card information below:

Visa M/C Amex Card number: _____ Exp. _____

Name as it appears on card _____ CVV CODE _____

Billing address _____ City, state, zip _____

Signature _____ Email address: _____

Printed name: _____ **PLEASE FAX FORM TO 1-888-340-7508**

*Fax is safe, secure and available 24/7, no cover letter is necessary