



# Team National

8210 W. State Rd. 84

Davie, FL 33324

Phone: 954-584-2151; Fax: 954-584-5996

## PREMIUM/BUSINESS MEMBERSHIP ADDENDUM

Please Print Clearly

Company Name			Federal ID #		
Company Contact: First Name			Middle Initial	Last Name	
Mailing Address			City	State	
E-mail Address			Fax Phone		

**Please enroll our employees as Business Customer's of Team National for \$95.00 per month.**

My original purchase of a Premium/Business Membership package entitles five of my key employees to participate in all the benefits that are available to a Team National Business Membership owner. With this Membership addendum, the company named above and all its employees have the ability to purchase most products and services offered through Team National at substantial savings. There is a fee of \$95 per month for each 500 employees you wish to cover.

**By signing below, I understand that I may cancel this purchase anytime during the next three business days by writing Team National and giving them notice of my desire to cancel. I understand that after the three business days, this purchase is non-refundable. Team National phone number is (954) 584-2151.**

**Team National assumes no liability for timely receipt of applications from any carrier.**

**Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

### METHOD OF PAYMENT

#### **CREDIT CARD (Please fill in required information below)**

I hereby authorize Team National (or its agent) to charge my credit card account listed below, \$95.00 this month and \$95.00 each month thereafter for each 500 employees. This authorization is to remain in effect until Team National receives written notice revoking this authorization from me, at which time the Benefits for my additional employees will terminate. Our employee total is \_\_\_\_\_, please charge or bill us for \$\_\_\_\_\_ per month.

VISA     MASTER CARD     DISCOVER     AMERICAN EXPRESS

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on Credit Card:

\_\_\_\_\_  
Signature:

**We would rather be billed. Please, invoice our company monthly by:**

@mail \_\_\_\_\_

Invoice by US Mail

Host Name: \_\_\_\_\_ Host ID# \_\_\_\_\_

We do not require names, but what is your current number of employees? \_\_\_\_\_

Note: You will receive the above number of ID cards to access the benefits.



## Premium Benefits Package Business Employee Coverage

Tier	Number of Employees Covered	Monthly Cost
1	6 to 500	\$95.00
2	501 to 1000	\$190.00
3	1001 to 1500	\$285.00
4	1501 to 2000	\$380.00
5	2001 to 2500	\$475.00
6	2501 to 3000	\$570.00
7	3001 to 3500	\$665.00
8	3501 to 4000	\$760.00
9	4001 to 4500	\$855.00
10	4501 to 5000	\$950.00
11	5001 to 5500	\$1,045.00
12	5501 to 6000	\$1,140.00
13	6001 to 6500	\$1,235.00
14	6501 to 7000	\$1,330.00
15	7001 to 7500	\$1,425.00
16	7501 to 8000	\$1,520.00
17	8001 to 8500	\$1,615.00
18	8501 to 9000	\$1,710.00
19	9001 to 9500	\$1,805.00
20	9501 to 10,000	\$1,900.00

Note: To Determine the cost per employee find the monthly cost for your employee range and divide by the number of employees. For example if you have 500 employees it will cost you only .19 cents an employee.