



FINANCING OPTIONS FOR TEAM NATIONAL CUSTOMERS

Details of the \$795.00 Standard Benefits Package that is financed:

When a \$395.00 down payment is made by a retail customer, a \$25.00 commission is earned, 1/2 Retail Bonus Point (.50 of a point) is earned in the Membership Package Plan, and 1 Pay Point is created. Each \$83.64 payment by the customer puts .10 of a point in the Benefit Package Plan and \$11.00 in the Presidential Program per month for five months, \$2.00 each from PD through PD Platinum and \$1.00 on PD Platinum override. The PD Plan will continue to pay weekly.

Details of the \$2195.00 Premium Benefits Package that is financed:

When an \$895.00 down payment is made by a retail customer, a \$50.00 commission is earned. When the \$895.00 down payment is put on a customer's charge card, a \$25.00 Commission is earned. 1 Retail Bonus Point (1.000 point) is earned in the Membership Package Plan and 1 Pay Point is created. Each \$75.72 payment by the customer puts .10 of a point in the Membership Package Plan and \$5.50 in the Presidential Director Program per month for twenty months, \$1.00 each from PD through PD Platinum and \$.50 on PD Platinum override. The PD Plan will pay weekly.

Details of an Upgrade from a Standard Benefits Package (\$795.00) to a Premium Benefits Package (\$2195.00) that is financed:

The cost to upgrade is \$1595.00 (\$195.00 upgrade fee included), and to finance this amount requires 20 equal monthly payments of \$91.00. Each \$91.00 payment puts 1/10 Retail Bonus Point (.100 of a point) in the Benefit Package Plan and \$5.50 in the Presidential Program, \$1.00 each from PD through PD Platinum and \$.50 on PD Platinum override. The PD Plan will pay weekly.

The finance agreement upgrade is on internet-On-Demand under "Forms".



Team National

8210 W. State Rd. 84
 Davie (Ft. Lauderdale), FL 33324
 Phone: (800)-227-6030, (954) 584-2151; Fax: (954) 584-5996

BENEFIT FINANCE AGREEMENT (For Upgrades Only)

PLEASE PRINT LEGIBLY

(Your Team National ID Number)

First Name	Middle Initial	Last Name	Social Security #
Business Entity (If Applicable)			Federal ID # (If Applicable)
Mailing Address	City	State	Zip Code
Home Phone	Business Phone	Fax Phone	

The following outlined section is for Customers who own an Standard Benefits Package and wish to finance the cost of an Upgrade of their Package to a (2) year Premium Benefits Package.

The amount financed is \$ 1595.00 (\$195.00 upgrade fee included)

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS	YOUR PAYMENT SCHEDULE
The cost of your credit as a yearly rate. 15.53%	The dollar amount the credit will cost you. \$225.00	The amount of credit provided to you or on your behalf. \$1595.00	The amount you will have paid after you have made All payments as scheduled. \$1820.00	20 Monthly payments AMOUNT OF PAYMENTS \$91.00

Your first payment will be charged immediately to your credit card and the balance of your monthly payments will start 30 days after the date of this Contract and shall continue on the same day of the month until all payments are made. If any payment is not made, you understand your benefits are suspended and any reinstatement will be at the option of the Team National.

This Contract is governed by Florida Law and Applicable Federal Law.

1. "Do not sign this contract before you read it or if it contains any blank spaces;"
2. "You are entitled to an exact copy of the contract you sign. Keep it and protect your rights."

Date: _____ Purchaser: _____

CREDIT CARD INFORMATION

I hereby authorize Team National (or its agent) to charge my credit card account listed below, the applicable amount for the Benefits Package I have purchased. This authorization is to remain in effect until Team National receives written notice revoking this authorization from me.

CC#: _____ Exp. Date: _____

Name as it appears on Credit Card: _____ Signature: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE _____ CC BCK MO WIRE \$ _____ ENTER DATE: _____
V.02/02/05



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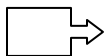
PAYOFF AND/OR UPGRADE FORM

Name: _____

ID Number: _____ - _____ - _____ Phone #: (____) _____ - _____

Signature: _____

Host's Name: _____ Host's IMD #: _____



Finance Program Payoff

Prior to paying the entire balance on your package please call (954) 584-2151 ext. 249 to receive the exact payoff amount. When paying by Wire or Direct Deposit, you must also fax a copy of the receipt with this form.



Premium Benefits Package Upgrade

If you presently have an Standard Benefits Package and would like to upgrade to a Premium Benefits Package with expanded benefits and wish to pay cash, simply return this signed Upgrade Form with your collected funds (cashier check, credit card, money order or wire transfer), for **\$1595.00 (\$195.00 upgrade fee included)**.

TYPE OF PAYMENT

Wire Deposit Money Order/Cashier's Check Credit Card (please fill out CC info.)

AMOUNT \$ _____

Personal/Business Checks or American Express Credit Cards will not be accepted

If paying with Credit Card please fill out the information below:

Credit Card Number _____ Expiration Date ____/____

I hereby authorize Team National (or its agent) to charge my credit card account for the stated amount of \$ _____. I understand that this purchase is non-refundable and is to payoff/upgrade benefits package.

Name as it appears on card _____ Signature _____