

# Success University International Application

13601 Preston Rd. #650 East Dallas, TX 75240 Phone (972) 578-2109 Fax: (972) 578-2105

**Date & Time Stamp**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

International Independent Consultant / Student Application		
Full Legal Name or Company Name:		SSN/Tax/Gov't. ID:
Street Address:		City:
State/Province:	Zip/Postal Code:	Country:
Daytime Phone:	Evening Phone:	Fax:
Choose Your Username:	2nd Choice if Username is Taken:	3rd Choice if Username is Taken:
Choose a Password:	Email Address:	
Enroller's Username:	Enroller's Full Name:	

Product	Price	Total
Monthly Tuition (First Month Waived)	\$49.95 + S&H per month	<del>-\$57.90</del>
Premium Product Package	\$149.95 one time	\$149.95
	Shipping & Handling	\$20.94
	<b>Total</b>	<del>-\$228.83</del> <b>\$170.89</b>

## Select a Payment Method

Credit Card		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover		Name on Card:
Credit Card #:	Exp Date:	CVV (security # on back of card):
Billing Street Address:		City:
State/Province:	Zip/Postal Code:	Country:

By signing below I agree to be billed for the charges listed above. I agree that I have read, understand and agree to be bound by the terms and conditions of SUCCESS UNIVERSITY. I understand that I may submit in writing via fax, mail, back office help desk or call our customer service center to cancel my tuition at least 10 days prior to my next billing date.

Print Name: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_