

Fax to 800 683-6269 or

Email - Sales@YourHost.com Fill out only areas in Yellow highlight

**1. Ship To: Applicant Information**

<b>FIRST NAME:</b>	_____	<b>LAST NAME:</b>	_____
<b>MAILING ADDRESS:</b>	_____	<b>CELL PHONE:</b>	_____
<b>CITY/STATE/ZIP:</b>	_____	<b>HOME PHONE:</b>	_____
<b>EMAIL ADDRESS:</b>	_____	<b>BIRTHDATE:</b>	_____
<b>SOCIAL SECURITY NUMBER:</b>	_____	<b>DL #, STATE, EXP:</b>	_____

**2. Product Choice (Your rep will fill this out if your not certain)**

**Circle One**

<b>PRODUCT 1:</b>	_____	<b>MONTHLY SERVICE COST:</b>	_____	<b>BUY / LEASE:</b>	_____
<b>PRODUCT 2:</b>	_____	<b>MONTHLY SERVICE COST:</b>	_____	<b>BUY / LEASE:</b>	_____
<b>PRODUCT 3:</b>	_____	<b>MONTHLY SERVICE COST:</b>	_____	<b>BUY /LEASE:</b>	_____
<b>BUNDLE:</b>	_____	<b>BUNDLE MONTHLY:</b>	_____	<b>BUNDLE BUY/LEASE:</b>	_____

**Special  
Shipping or  
order notes:**

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**1. Bill To : Credit Card Statement Billing Address**

<b>NAME ON CARD:</b>	_____	<b>CREDIT CARD NUMBER:</b>	_____
<b>BILLING ADDRESS:</b>	_____	<b>EXPIRATION DATE:</b>	_____
<b>CITY/STATE/ZIP:</b>	_____	<b>CVS 3 DIGIT:</b>	_____

**By Signing below, I agree to the Terms and conditions with Clear.**

<b>SIGNATURE:</b>	_____	<b>DATE:</b>	_____
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**YourHost Rep.** \_\_\_\_\_

**REP. ID #:** \_\_\_\_\_