

DREAM PRACTICE COACHING CLUB REGISTRATION AGREEMENT
PLEASE COMPLETE AND FAX TO 816-817-1503

I, _____, agree to the following payment terms for my Dream Practice Coaching Club Program registration. I understand that this is a morally and legally binding agreement and that I am committing to paying in full.

Check appropriate payment option:

____ I agree to a one-time payment in full of \$4997.

____ I agree to pay \$500 per month for 12 months. The second payment of \$500 will be due 30 days after the initial down payment of \$500, with remaining payments to be processed automatically in 30 day increments for a total of 12 months. These 12 payments will total \$6000.00.

I agree that I am responsible for payment in full and understand there are no refunds. If at any time in the 12 months I no longer want to continue my Dream Practice Coaching Club program, I understand that the remaining amount owed which is non-refundable, can be used towards the purchase of any Build Your Dream Practice products or programs (*some restrictions may apply*).

A 10% late fee will be charged for payments not received, or unable to be processed, by installment due date.

- I understand that if, for any reason, I do not make a full and complete payment, then I will no longer be eligible for this payment plan and I will be fully responsible for the total sum plus 10% interest, immediately.
- I understand I will be responsible for any legal fees which might arise and any expenses which may be incurred by Boundless Potential, Inc. (which operates www.buildyourdreampractice.net) in efforts to obtain full payment, if I fail to meet the conditions of this Agreement.

This Agreement is governed by and will be administered by the laws of Colorado, U.S.A.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

Email Address _____

We ask that you also complete secondary card information. Your primary card entered on your order will always be used first. Note: your signature authorizes Boundless Potential, Inc. to charge your secondary credit card in the event your primary card payment does not go through. It also confirms that you are in agreement with the terms noted above.

Card Number 2: _____ Exp. Date: _____

Name on Card: _____

Billing address (If different than above):

Signature: _____ Date: _____