

**ORDER FORM**

Yes! Please bill me for the following program so I may begin implementing these as soon as possible.

<b>Qty:</b>	<b>Product:</b>	<b>Amount:</b>	
	<b>Richard Roop OPTION A:</b> "5 Figure Pay Check Course & 12 Back Issues	<b>\$794.00</b> + Shipping	
	<b>Richard Roop OPTION B:</b> <b>Everything in Option A Plus Software &amp; all Bonuses</b>	<b>\$1,894.00</b>	

**Qty:**

	<b>Richard Roop Bootcamp</b>	<b>\$3,995.00</b>	
		2 equal payments of \$1997.50	

**Please Bill My Credit Card: FAX to: 864.654.8527**  
(Please print clearly in block style print)

Name on Card: \_\_\_\_\_

Company: \_\_\_\_\_

Card # \_\_\_\_\_ Expire: \_\_\_\_\_

Billing Address for card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Please Accept My Check:**

Mail to:  
AskYourMembers.com  
PO Box 1294  
Clemson, SC 29633

**If you have any questions regarding this purchase or program contact Norm M-F  
9-5 Eastern Time at 864.654.3997**