

independant Sales Representativ	re iD:

iLearningGlobal E.D.G.E. Business Training Package Business Enrollment Form

Legal Business Name and DBA if applicable:	
Business Owner Name or Authorized Signer:	
By checking this box you are agreeing to the annual program charges of \$795.00 to the credit card listed below (Includes Launch Seminar, Monthly Tele-conference, 52 Week Curriculum with Instruction, Trainer Site and Tool Box) By checking this box you agree to the full access, montly subcription price of \$79.95 to the iLearningGlobal Website Portal (Monthly subscription must be maintained in order to access tele-conferences, curriculum, and tools) LIMIT ONE IP ADDRESS	
Credit Card #	
Expiration Date: 3 or 4 Digit CVV Code on Back of Card	
Billing Information: (MUST MATCH CREDIT CARD BILLING INFO)	
Name On Card:	
Street Address: City:	
State ZIP Billing Phone Number	
E-mail Address:	
I authorize iLearningGlobal to charge my card for the amount specified above	
Signature Date	
Appointed Training Leader Name: Appointed Training Leader Contact #:	
Appointed Training Leader E-mail Address:	