TRS Request for Service Form

ORDER DATE:_____

The Right Solution®
3095 East Patrick Lane Suite 1
Las Vegas, NV 89120

Call Order: 800-315-9877
Fax Order: 800-315-3877
All Other Inquiries: 702-938-9316

TAKEN BY:_____

Visit our website at : www.rightsolution.com

Check all boxes that apply: ☐ **New Membership*** ☐ **New Autoship*** ☐ **Order** ☐ **Autoship Change** ☐ **Cancel Autoship**

**If this is an application for new membership (an annual $15.00 membership fee applies) or new autoship, please read and sign the authorization at the bottom of this form.*

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TEAM MEMBER INFORMATION:			SHIP TO:		
ID#:	SSN/FED ID#:		ID#:	SSN/FED ID#:	
NAME:			NAME:		
ADDRESS:			ADDRESS:		
CITY:	ST:	ZIP:	CITY:	ST:	ZIP:
PHONE: ( )			PHONE: ( )		
FAX: ( )			FAX: ( )		
E-MAIL:			E-MAIL:		
INTERNET ACCESS PASSWORD:			INTERNET ACCESS PASSWORD:		

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COMPLETE THIS ENROLLER/SPONSOR SECTION ONLY IF THIS IS YOUR FIRST ORDER

Enroller DARE TO DREAM Enroller ID# 70620001

Sponsor Name DARE TO DREAM Sponsor ID# 70620001

☐ Place Above Sponsor (Placement must occur in the same entry month as the Enrollee's)

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ITEM CODE	DESCRIPTION	QTY	TM PRICE	TOTAL PRICE
			SUB TOTAL	**$**

Enter your SALES TAX percentage here _____% and multiply by your taxable purchase price **$**

SHIPPING METHOD (check one)

☐ UPS Ground ☐ UPS 3rd ☐ 2nd Day ☐ Next Day Air
☐ Will Call ☐ International *(Call for International rates)*

SHIPPING AND HANDLING (Calculated according to product weight at time of order entry. See Product and Supply Order Guide) **$**

TOTAL AMOUNT DUE **$**

PAYMENT METHOD (check one)

☐ Cash/Cashiers Check/ Money Order/ Personal Check # _____

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa Card # _____ Expires _____

Name on Card _____

Signature of Card Holder _____

New Membership / Autoship Authorization

I have received, read and understand the The Right Solution (TRS) Compensation Plan and Procedures, which are incorporated in The Right Solution Policy and Procedures Manual. I have NO unanswered questions concerning the same. I will conduct my Team Membership in accordance with the TRS Compensation Plan and Policies and Procedures as they may be amended from time to time. I understand and acknowledge that no person has been authorized to give any information or to make any representation not contained herein or in TRS literature. I acknowledge that ALL information completed on this application is factual and accurate. I understand that I may cancel this Agreement at any time by submitting a signed and notarized letter of resignation to TRS as set forth in the Policies and Procedures Section of the TRS Team Member Manual. *Regarding Autoship*, I reserve the right to cancel this Autoship Delivery Program at any time by giving written notice of my intention to cancel to The Right Solution® fifteen (15) days in advance. I understand that my credit card will be charged once every Month for the Total Amount Due shown above. I also agree that my annual membership fee (when due) will be charged to the payment method selected above to insure my membership does not expire, unless I provide in writing that I do not wish this to happen two weeks prior to my renewal date. My signature below indicates that I have thoroughly read and accepted all of the terms and conditions set forth in the Team Member Manual.

Your Signature: _____ Date: _____