

Paula Kay
Owner

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AGELESS CHECKERS® BUSINESS OPPORTUNITY PURCHASE AGREEMENT

Last Name	First Name	MI	
Home Street Address	City	State	Zip
Home Telephone	Home Fax	Alternate / Cell Phone	
Business Street Address	City	State	Zip
Business Telephone	Business Fax	Alternate / Cell Phone	
Email Address			
Personal Reference (Name, Title, Complete Address, Phone No.)			
Business Reference (Name, Title, Complete Address, Phone No.)			
Work, Business Background			

Select from the following packages and options:

Packages and Options	Cost	Quantity	√ to Select	Total Amount per Line
Package 1 • Manual with Forms and Sample Documents (\$2,995 Value)	\$299			
Package 2 • Manual with Forms and Sample Documents (\$2,995 Value) • Unlimited Business Consulting with Paula Kay for six months. (\$100 per hour Value)	\$699			
Package 3 • Manual with Forms and Sample Documents (\$2,995 Value) • Unlimited Business Consulting with Paula Kay for one year. (\$100 per hour Value)	\$1,299			
Business Consulting	\$100/ hour			
Total Amount to Pay				
Add \$15.75 Shipping and Handling for a Manual				
Total Payment				

I, the undersigned, agree to pay the sum of \$_____ (total amount of order) to Paula Kay as full payment for Ageless Checkers® Business Opportunity that includes the package and/or optional services as selected above. The information provided in the training manual is for the purpose of operating a non-medical senior services agency. The undersigned further agrees:

- That the material contained within this training manual shall not be disclosed or sold to any employee, consultant, or third party.
- The material in this training manual and information provided during consulting services shall remain confidential as well as the information provided in this agreement.
- The design and content created by Paula Kay for customized websites is the property of Paula Kay, is copy write protected, and shall not be duplicated for any purpose without written permission by Paula Kay.
- The fee for this program consisting of the services selected and purchased are non-refundable.

Purchaser (owner) Signature

Date

Please allow up to four weeks for delivery. Please make checks payable to: Paula Kay, and mail this application and completed information form to:

Paula Kay
8200 A1A South #47
St. Augustine, FL 32080