***Your Innovation Coach***

***Registration and Credit Card Authorization Form***

Your Innovation Coach is an online personal innovation coaching subscription service. It provides for a two-tier offering:

Tier 1: 1-hour monthly webinars and discounts on regional workshops.

Tier 2: In addition to Tier 1 services, provides for 1-hour/month/company of online consulting time.

Terms:

1. 1-year subscription.
2. 100% money back guarantee: if at any time you are not completely happy, you can cancel at any time with any prorated monthly fees paid upfront refunded.
3. $30/person/month for Tier 1; $325 if paid up front for 12 months.\*
4. $100/person/month for Tier 2; $1,000 if paid up front for 12 months.\*
5. If paying monthly, a credit card must be used and credit card authorization form on page 2 is required.
6. If paying for 12 months upfront, you can pay either by credit card (up to $1,000 and credit card authorization form required) or an invoice will be sent so that you can pay by company check.
7. 1-hour/month consulting time is per company.
8. Consulting hours can be carried over for a maximum of 3 months.
9. 10% discounts on regional workshops.
10. Terms subject to change without notice.

\*See bottom page 2 for promotional rates in effect until 9/30/16

Name: Click here to enter text.

Title: Click here to enter text.

Company: Click here to enter text.

Address 1:Click here to enter text.

Address 2:Click here to enter text.

City:Click here to enter text. State:Click here to enter text.

Zip Code:Click here to enter text.

Phone:Click here to enter text.

Email:Click here to enter text.

Effective Date (Beginning of any month, starting 10/1/16):Click here to enter text.

Send the completed form by email to jgroh@newproductvisions.com.

New Product Visions

PO Box 1187, Flat Rock, NC 28731.

Questions? Call (302) 367-3160

**Credit Card Payment Authorization Form**

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize New Product Visions to charge my credit card

 (full name)

indicated below for:

Total amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Tier 1: $325/year Tier 2: $1,000/year)\*

 (Amount)

**OR**

Monthly amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for 12 months (Tier 1: $30 Tier 2: $100)\*

 (Amount)

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Account Type: [ ]  Visa [ ]  MasterCard [ ]  Amex [ ]  Discover Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_\_  |

SIGNATURE DATE

I authorize New Product Visions to charge the credit card indicated in this authorization form according to the terms outlined above I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

\*Promotional Rates Effective Until 9/30/16:

Tier 1 3-mo. free 5-people

Monthly Billing $30/month starting Month 4 $30/month starting Month 1

12 Month Upfront $245 $325

Tier 2 3-mo. free 5-people

Monthly Billing $100/month starting Month 4 $100/month starting Month 1

12 Month Upfront $750 $1000