



**Cash Balance Coach® Program:  
Enrollment & Credit Card Authorization Form**

**Enrollment (Participant Information):**

Name (as you wish it to appear on your certificate): \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Cash Balance Coach®? \_\_\_\_\_

**Credit Card Information:**

Type of Card:     VISA     Mastercard

Amount: **\$199.00**

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Security Code\*: \_\_\_\_\_

*\* The last three digits on the number on the back of the card, beside the signature line.*

Credit Card Billing Address (if different from the mailing address above):

Street: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby authorize Kravitz to charge my credit card for the amount as noted above. I agree to hold Kravitz harmless against any liability pursuant to this authorization. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this transaction agreement with Kravitz. I understand that my signature on this form will serve as my authorized signature on this credit card authorization form. I agree to Kravitz' terms and conditions per the Cash Balance Coach Program.

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax this form to 818-379-6181 or e-mail it to CBCoach@KravitzInc.com.**

**Design, Administration and Management of Retirement Plans**

15760 Ventura Boulevard, Suite 910, Encino, California 91436-3017 toll free: 877.CB.Plans tel: 818.995.6100 fax: 818.379.6100  
www.KravitzInc.com • www.CashBalanceDesign.com