SPORTRON APPLICATION FOR GLOBAL CASH CARD

PLEASE COMPLETE THIS FORM AT THE TIME OF ENROLLMENT
THIS INFORMATION IS REQUIRED TO ISSUE YOU A GLOBAL CASH CARD
WITH WHICH YOU WILL BE PAID YOUR COMMISSIONS
THANKS FOR YOUR COOPERATION

ALL INFORMATION IS REQUIRED

FIRST NAME : _____

LAST NAME : _____

DATE OF BIRTH : _____ _____ _____
MONTH **DAY** **YEAR**

FULL ADDRESS :_____
[No P.O. Boxes]

CITY : _____

STATE/PROVINCE : _____

ZIP/POSTAL CODE : _____

COUNTRY : _____

TYPE OF IDENTIFICATION: (Choose One)

*PASSPORT # :_____

*DRIVERS LICENSE #:_____

*GOVERNMENT ID#:_____

***IDENTIFICATION INFORMATION (Must be completed)**

ISSUE DATE : _____

EXPIRATION DATE: _____

COUNTRY ISSUED : _____

EMAIL/PHONE : _____

SIGNATURE :_____DATE_____