

PAY IT FORWARD ALLIANCE LLC

PO BOX 766
PADUCAH, KY 42002

MANUAL APPLICATION

Your Name: _____

Address: _____

City: _____

State: _____

Country: _____

Zip Code: _____

Email: _____

Password: _____

Password: _____

Circle Payment Option: Cash Check Money Order Credit Card

If Credit Card, Provide the following information:

Circle type of card: M/C Visa Discover

Credit Card #: _____ Control Number on back of card: _____

Name as it appears on card: _____

Mailing Address for card: _____

Card Expiration date: _____

Your Sponsor's Name: _____ Sponsor's ID: _____