

ENROLLMENT FORM

(ALL FIELDS ARE REQUIRED)

YES! I WOULD LIKE TO ENROLL IN THE **DentAfford^{USA}₊** PROGRAM

HOW DID YOU HEAR ABOUT US? _____

NAME: _____ Check one: MALE FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

E-MAIL: _____

CHOOSE YOUR METHOD OF PAYMENT (CHECK ONE BOX)

CHECK OR MONEY ORDER (MUST BE FOR ANNUAL AMOUNT):

PLEASE MAKE PAYABLE TO NBBI

(Please check one) SINGLE \$ 129.40 HOUSEHOLD \$ 165.40

THIS INCLUDES A NON-REFUNDABLE ONE TIME \$10.00 ENROLLMENT FEE

CHARGE TO MY CREDIT CARD MONTHLY:

(Please check one) SINGLE \$9.95 HOUSEHOLD \$ 12.95

**THERE IS A NON-REFUNDABLE ONE TIME \$10.00 ENROLLMENT FEE
THAT WILL ALSO BE INCLUDED IN YOUR FIRST CHARGE**

National Benefit Builders, Inc. (NBBI) will charge your credit card each and every month in accordance with your selection above for as long as you are a member of the plan. This first monthly charge will include the non-refundable one time \$10.00 enrollment fee.

THE CREDIT CARD I AM USING IS: VISA MASTERCARD AMEX

CREDIT CARD NUMBER _____ EXP. DATE _____

SIGNED _____ DATE _____

PLEASE SEND THE COMPLETED FORM (AND CHECK) TO:

NATIONAL BENEFIT BUILDERS, INC.
248 COLUMBIA TURNPIKE
FLORHAM PARK, NJ 07932

IF YOU ARE PAYING BY CREDIT CARD YOU MAY FAX THIS FORM TO NBBI @ (973) 360-9501 INSTEAD

FOR QUESTIONS REGARDING THIS FORM CALL TOLL FREE (888) 311-6224