

SPORTRON

PLEASE FILL IN 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

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FIRST NAME : \_\_\_\_\_

LAST NAME : \_\_\_\_\_

GOES BY : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_  
MONTH DAY YEAR

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_

STATE/PROVINCE : \_\_\_\_\_

ZIP/POSTAL CODE : \_\_\_\_\_

COUNTRY : \_\_\_\_\_

GOVERNMENT ID : \_\_\_\_\_ : \_\_\_\_\_  
(REQUIRED) ID NUMBER TYPE ID

(Such as Drivers License, Passport Number, Non-US resident ID number, Issuing Authority for the Government ID)

EMAIL : \_\_\_\_\_

DATE : \_\_\_\_\_