

# I WANT TO BE ONE OF THE SILENT MARKETING PARTNERS/BULK BUYERS & TO INVEST \$250 OR MORE

In returns, this company had promised to help me and my group to market , distribute and dispose of the the products monthly.

I would, therefore, get paid **\$18 weekly for 52 weeks.**  
**Total \$936** for my every \$250 invested

To: [www.DMARKETGURUS.com](http://www.DMARKETGURUS.com). (A div of: Top Rank Business Associates Group) 1603 Capitol Ave. #310 #400, Cheyenne, WY. 82001, USA. Tel: 800-905-9530 **Fax: 888-317-4874 (Fax your contract to us now)**

## MEMORANDUM OF UNDERSTANDING:

I WOULD LIKE TO JOIN THE 80 SPOTS INVESTORS  
 I want 1 spot for \$250

I want 4 spots for **\$1,000.00**

**HERE'S MY VOLUNTARY-DECLARATION** : Whether I am an active or a silent participant of this program, I understood that this is a business opportunity investment

and it is not securities investment such as stocks, bonds, commodity trading, loan act or any form of loans or securities trading. Products and Services are to be moved with my money by the consulting firm's own MERCHANTS and I am to be paid monthly or weekly.

I have read and understood this contractual Agreement & all the supporting document of this Concept.

Also, I've visited **WWW. DMARKETGURUS.COM &** all other supporting websites

I , therefore, have no further questions or all my questions or concerns has been answered satisfactorily prior to giving or sending my money.

### Payments to me:

My first payment for \$18 OR **\$72 weekly** would arrive in 30 days and every 7 days (every week) thereafter for 52 weeks

**This Contract once notarized becomes a legal document and it is legally binding**

My Name \_\_\_\_\_ Tel:( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Codes \_\_\_\_\_  
 Country \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS DOCUMENT WILL BE LEGALLY NOTARIZED BY US (THE COMPANY) AND ONE ORIGINAL COPY WILL BE SENT TO YOU, THE INVESTOR.**

Signature on Behalf of : DMARKETGURUS.COM  
 X \_\_\_\_\_ Name: \_\_\_\_\_

**Witnessed By: Commissioner For Oath or Notary Public:**

Name \_\_\_\_\_  
 Address , signature, date: \_\_\_\_\_

## CHECK BY FAX AUTHORIZATION

Fax to: 1-888-317-4874

This Check-by-Fax form provides a convenient way for you to expedite payment to **dmarketgurus.com**. Execute a check payable to **dmarketgurus.com** for the full amount of your invoice, as well as any penalties due.

Attach the check to this form in the location below.

PLEASE ATTACH YOUR CHECK HERE

Complete the information requested on this form, including a signature authorizing **dmarketgurus.com** to accept and negotiate the facsimile copy of the check in place of the actual check. Fax the document and the attached check to the above provided fax number. **DO NOT MAIL THE ORIGINAL CHECK.** I authorize **dmarketgurus.com** to accept the check above and to debit the bank account indicated according to the instructions on the draft/check

By presenting us with a copy of your check by fax or in scanned/electronic methods, you, you have also agreed to pay a Non-Sufficient Funds (NSF) fee of \$25 if your bank rejects or dishonors your payment due to insufficient funds. If your payment is rejected by the bank, we may resubmit your original check amount plus the \$25 fee.

**FAXING THIS FORM CONSTITUTES YOUR AUTHORIZATION TO NEGOTIATE THE FACSIMILE CHECK. THE SIGNATURE ON THE CHECK MUST MATCH THE SIGNATURE ON THE FORM.**

Checking Account Check No.: \_\_\_\_\_  
Name and Contact Phone No.: \_\_\_\_\_  
Signature: \_\_\_\_\_