

I WANT TO BE 1 OF THE 80 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 **\$30 weekly for 52 weeks.**
Total \$1,560 for my every \$250 invested

To: 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
WONDERFUL PROGRAM
I want 1 spot for \$250

I want _____ spots for
\$ _____ 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 con-
tractual Agreement & all the support-
ing 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 \$30
OR \$ _____ 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: _____