

I WANT TO BE ONE OF THE SILENT MARKETING PARTNERS/BULK BUYERS & TO INVEST \$5,000

In returns, this company had promised to help me to market , distribute and dispose of the the products weekly. I would, therefore, get paid **\$241 weekly for 104 weeks.** **Total \$25,064** for my every \$5,000 invested. 20 Spots

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'LL LIKE TO JOIN THE PROGRAM SPOTS INVESTORS

I want 1 spot for \$250

I want **20 spots** for **\$5,000.00**

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. Only 3 sales made for \$99 weekly will pay me that \$241/wk. It's easy

Payments to me:
My first payment for **\$241 weekly** would arrive in 30 days and every 7 days (every week) thereafter for 104 weeks

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

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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: