



InSights Group LLC
 PO BOX 2393, Brighton, MI 48116 (Mailing)
 10355 Citation Drive, Brighton, MI 48116 (Facility)
 810-623-5839 Office
866-709-9689 FAX

Agreement for Monthly Coaching

Company Name: _____
 Address _____
 City, State, Zip: _____
 Phone: _____
 Email Address: _____
 Website: _____
 Office Contact: _____

Program Levels

Weekly Self Study Coaching Lessons	{SM 100}	\$100/Month
Self Guided Coaching with Individual Support	{SM 250}	\$250/Month
Self Guided Coaching with Individual Support	{SM 500}	\$500/Month
Interactive Coaching	{SM 1000}	\$1,000/Month

Credit Card Agreement

I authorize the InSights Group to charge my credit card as follows:

Program Level Choice _____ Monthly Investment: _____

InSights Group accepts: (check one) Visa Mastercard AmEX Discover

Credit Card # _____ Exp. ____/____ vCode _____

Cardholders Name:

Cardholders Address, City, State, Zip Code

 Signature of Authorized Representative Title Date

Fax Completed agreement to 866-709-9689