



2014 Corporate Discount Code Payment Form

Date: _____

Name of Company _____
PLEASE PRINT OR TYPE

Company Address _____

City, State, Zip Code _____ Business Phone _____

Team Name _____ Fax _____

Returning Team: Yes No

Name of Team Captain _____ Personal Phone _____

Email _____

Credit Card Number _____ Vcode _____

Expiration Date _____ Name on Card _____
If different than above

Please review carefully and respond to each question.

- 1. I will be solely responsible for individuals receiving our discount code. I understand the basic registration fee is \$35.00 per person. I agree to pay a maximum amount of \$_____ per registrant.
2. Do not exceed _____ number of registrants.
3. My organization agrees to pay an additional \$5.00 for each registrants Race packet mailing. Yes No
4. _____ Please accept the above credit card in good faith. It should only be used as payment if the full amount has not been received by Komen Dallas County October 25, 2014.
5. _____ Please use the credit card for full payment upon completion of online Race registration

I agree to be invoiced and remit payment no later than October 25, 2014 for the registration fees for all of the participants on our team that use our discount code set up by Susan G. Komen Dallas County.

Signature _____

Title _____

Printed Name _____

Phone Number _____