



Program Cancellation Request

Fax to: 360-397-0159

Please refer to the cancellation policies on our web site www.livingfreeandclear.com
This form is required for all purchase cancellation requests. Email and phone calls are not accepted.

Name _____ Date of Purchase _____ Today's Date _____

Address _____ Day phone# _____

City _____ State _____ Zip _____

Email for confirmation _____ @ _____

Return auth# (required for printed "package" returns prior to return) _____. Program policies are posted and via the web site company contacts page. Once advertised trial period ends sales are final. Prior to cancellation on a payment plan order, you must meet ALL of these conditions. Due to proprietary and downloadable nature of the system, there are some minimal requirements to cancel. **I CERTIFY THE FOLLOWING TO BE TRUE (All required):**

____ (Initial) Upon making the online purchase or agreeing to a payment plan, the clients understands that payment plan terms constitute a promissory note to pay unless the projected results cannot be met by our system. Failure to pay the remaining payments due could results in collection efforts by the company. Otherwise sales are final.

____ (Initial) I have attended at least ONE online group training class. Attendance records are kept and verified by our office. YES I REGISTERED AND ATTENDED.

____ (Initial) I have accurately entered our actual income, expenses, information, etc as requested by the calculator. If the outcome indicates I could not save **at least 10 times the course investment**, in terms of interest and/or payments saved, as compared to a current 30 year fixed rate mortgage scenario, then I understand a request to cancel or return may be made.

____ (Initial) AND THEN if a cancellation or return is requested, client must also meet with a course counselor via a web based training. I HAVE MET ONE ON ONE WITH A COURSE COUNSELOR AND COMPLETED THESE STEPS. Name of representative met with _____ Date _____

____ (Initial) Returns must first be submitted by using the approved FAX or MAIL form prior the due date. Email or called in cancellations are not allowed, as they are not verifiable.

____ (Initial) I have not and will not share materials with anyone outside our household. If I am canceling, I agree to permanently delete and not use any materials and/or software obtained from this program. Use or sharing of materials or non payment would be considered a violation licensing and copy write laws. If packaged materials are being sent back, they must be returned and received by the company offices via express shipping within 7 business days of this request. A 10% restocking fee applies to returned package courses.

RE: Affiliate Program Cancellation Only: Use the online cancellation link on the company contacts page ONLY. Phone, email or fax cancellation are not accepted. If an Affiliate cancels or fails to keep payments current, all commissions due are forfeited by the affiliate.

x _____ Signed _____, 200__

Under penalty subject to prosecution under perjury and/or copyright laws I swear these answers to be true and correct.

Internal notes: Date received _____ by _____ Date processed _____
Email confirm sent to client _____ rev 02012008