



M.O.R. Vacations, LLC
123 S. Brown Street
Rhinelanders, WI 54501
Phone: (715) 362-SAVE (7283)

MOR Vacations Order Form

MOR Vacations LLC ~ 123 S. Brown Street ~ Rhinelanders WI 54501
Phone: (715) 362-7283 Fax: (262) 364-2277

Product

- Lifetime Diamond Membership Full Pay (Cashier's Check/Money Order) **\$1998.00**
- Lifetime Diamond Membership Full Pay (E-check/EFT/Check By Fax) **\$2048.00**
- Lifetime Diamond Membership Full Pay (Credit Card) **\$2098.00**
- Lifetime Diamond Membership Installment Plan **\$2998.00**
- Emerald 3 Year Membership **\$998.00**
- Free Affiliate with Web Hosting Fee **\$149.00**
- VIP Upgrade **\$149.00**

Total.....\$ _____

Personal Information

Name _____ Phone Number _____

User name _____ Password _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____

Sponsor's Information

Full Name _____ User Name _____

I have read and agree to M.O.R. Vacations, LLC Policies and Procedures available online at www.MORvacations.com

Signature _____ Date _____

M.O.R. VACATIONS TERMS AND CONDITIONS

As a new Free Independent Affiliate or Customer, I understand and agree that:

1. I swear or affirm that I have read and understand the items and instructions on this form and that the responses are true and complete to the best of my knowledge.
2. I am of legal age to enter into binding contracts in my state of residence. I understand that I will be an Independent Contractor, solely responsible for my own business and will not be an employee of M.O.R. Vacations, LLC (hereinafter, "Company"). As such, I will not be regarded as an employee for purposes of the Federal Unemployment Tax Act, Federal Insurance Contributions Act or income tax withholding. It is my responsibility to pay any self-employment tax and all local, state and federal taxes as required by law.
3. Upon acceptance of this application, as an Independent Affiliate, I will have the right to sell the products/services of Company in accordance with the company's Policies and Procedures. For these sales I will be compensated in accordance with the Company compensation plan.
4. I have read and agree to the M.O.R. Vacation Policies and Procedures available online at www.morvacations.com.
5. I shall abide by the Policies and Procedures and Compensation Plan of Company. I agree to abide by these rules and any other regulations or subsequent amendments to Independent Affiliate obligations and responsibilities as may become necessary.
6. I understand that I have no authority to bind Company to any obligation or contract.
7. I agree to conduct myself in a legal, professional and ethical manner at all times. I understand that no statements or representations whatsoever may be made regarding Company products or services other than those contained in official company material, nor will I misrepresent the income potential of the Compensation Plan.
8. I understand that I may not use Company trademarks, trade styles, or trade names in any form of advertising other than that which may be provided by Company.
9. I understand that I may terminate my distributorship at any time via written notification to the Company at the address listed on the front of this form. I further understand that the Company may terminate my distributorship in accordance with the Policies and Procedures if I violate the terms thereof. Such termination will cancel my rights to receive compensation of any form from Company.
10. I understand that I am responsible for training and supporting any Independent Affiliate I sponsor into Company.
11. I agree not to repackage, relabel or sell the Company's products/services under any other name or label. I further agree not to produce any written, recorded, or other materials, which have not been approved or provided by the Company.
12. I understand that this agreement may not be transferred or assigned without prior written consent of the Company.
13. This agreement is binding upon and inures to the benefit of the parties, their heirs and successors in interest. If any provision of this agreement is found unenforceable or invalid, the validity of the remaining provision shall not be affected. This is the entire agreement between the parties.
14. I agree to indemnify / hold Company harmless from any claims, damages and expenses, including any attorney's fees arising out of my actions or conduct in violation of this Agreement. In the event a dispute shall arise between myself and Company as to our respective rights, duties and obligations under this Agreement, and the Policies and Procedures of Company it is agreed that such disputes shall be exclusively resolved in Douglas County, Nevada. Nevada law will apply to the resolution of the dispute, unless otherwise agreed in writing.

I have read and agree to M.O.R. Vacations, LLC Terms and Conditions.

Signature Date



M.O.R. Vacations, LLC
123 S. Brown Street
Rhinelander, WI 54501
Phone: (715) 362-SAVE (7283)

MOR Vacations LLC ~ EFT Authorization
Electronic Funds Transfer (EFT) Authorization Form For Monthly
Installment Payments For Plan III

THE UNDERSIGNED, hereby authorizes M.O.R. Vacations, LLC, hereafter called the "Company" to initiate debit entries to my (our) checking account and/or the Depository named below, hereinafter called the "Depository" and to debit the same to such account.

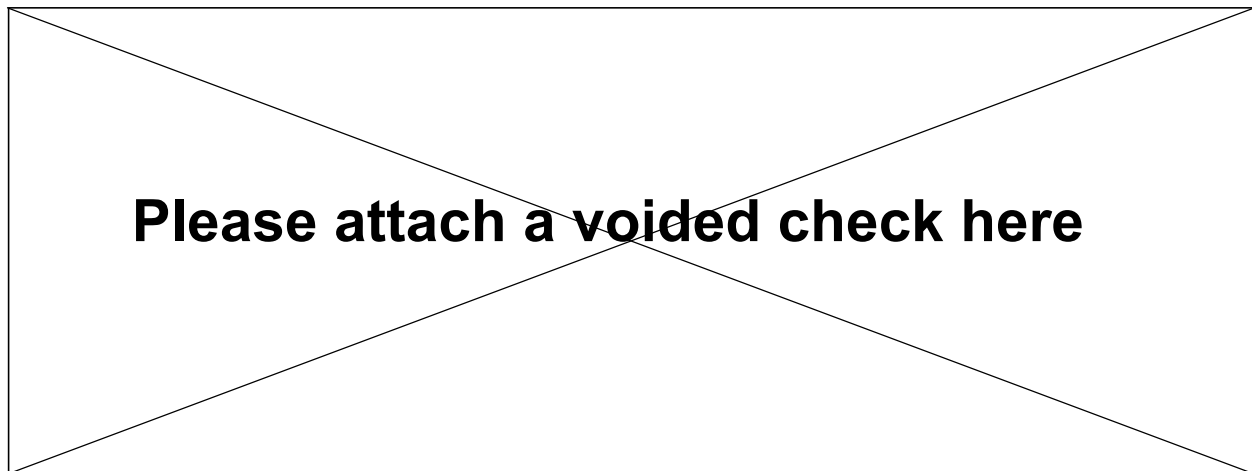
THIS AUTHORITY is to remain in full force and effect until Company and Depository have received the completion of payments as described below.

Product for which the payment is authorized: Down Payment

Amount of Payment: \$498.00

Day of the Month to draft Payment: _____

Original MOR Vacations Order Number: _____



9 Digit ABA Number: _____

Account Number: _____

Signature

Date

FAX Signed form to (262) 364-2277



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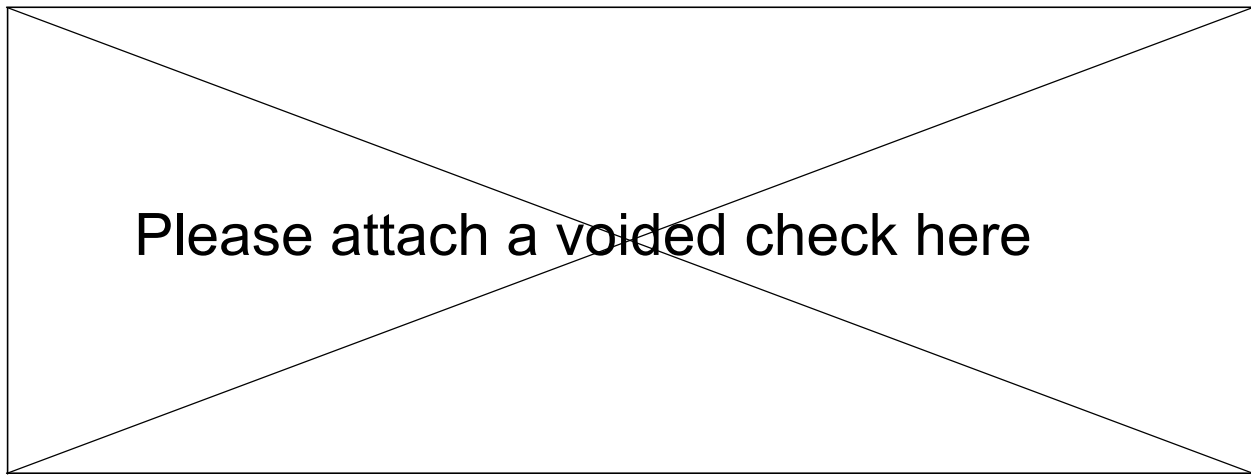
THIS AUTHORITY is to remain in full force and effect until Company and Depository have received the completion of payments as described below.

Product for which the payment is authorized: Diamond Full Time Membership

Amount of Each Payment: \$198.00

Day of the Month to draft Payment: _____

Original MOR Vacations Order Number: _____



9 Digit ABA Number: _____

Account Number: _____

Signature

Date

FAX Signed form to (262) 364-2277



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Product Confirmation Letter

Please attached a copy of your order and one of the following signature verification documents: copy of your driver's license, copy of your passport, or copy of the front and back of your credit card with signature panel legible.

I, _____, hereby confirm that the attached order was paid in the amount of USD \$_____ with the credit card ending in __ __ __ __, with my full consent. I have satisfactorily received all products of my purchase listed in the attached order # _____. In accordance with the policies and procedures of MOR Vacations LLC found at http://www.morvacations.com/policies_procedures.aspx I acknowledge that my trial period has expired, and the product is hereby nonrefundable. Furthermore I attest to the fact that I was fully authorized to the use and sign for purchases on the credit card stated above.

Signature _____ Date _____

Please fax the required documents to 1-262-364-2277 or mail it to:

MOR Vacations
121 S. Brown St.
Rhineland, WI 54501