



## ECP Family Suite Licensing

Submission Deadline: Wednesday, June 16, 2021

Email: Support@MyCollegeInfo.com

Fax: 1.503.566.8501

### Advisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St Zip: \_\_\_\_\_, \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Please Select Your eCollegePro Family Suite 'EasyIssue' Licensing Option

Select	License(s) per Month	Monthly Fee	Net per License	License Guarantee Rate
	3	\$ 390	\$ 130	\$ 130 each
	2	\$ 290	\$ 145	\$ 145 each
	1	\$ 190	\$ 190	\$ 190 each

### Credit Card Billing Information

Visa     MasterCard     Amex     Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_ / \_\_\_\_    Security Code: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

City, St Zip: \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

As an Advanced CCA, I would like to enroll in the **eCollegePro Family Suite EasyIssue® Licensing Option**. I agree and understand that I will receive the appropriate number, which I have selected above, of eCollegePro Family Suite License(s) each month. With distribution, I agree to follow the guidelines, which are outlined within the CFS website. I also agree to deal fairly with the buying public and to set an appropriate family enrollment fee based on the overall college planning program and benefits being offered. I have included my Credit Card Billing Information above. I further understand and agree that there is no long-term commitment and that I may discontinue my subscription at any time with ten (10) days written notice. Licenses may be distributed at any time by the Advisor with no distribution time limit. All sales are final; there are no refunds.