



2015 CORPORATE PAY AGREEMENT

Thank you for choosing to support the 2014 Greater Fort Worth Komen Race for the Cure®. Our Corporate Pay Program is a convenient option for companies to elect to pay for all or part of their employee and employee’s family registration fees. Please complete this form, have it authorized by your company’s financial personnel and email a scanned copy to race@komengreaterfw.org, or fax to 817-735-8635.

Date: _____ Company Name: _____
PLEASE TYPE OR PRINT CLEARLY

Company Address: _____
ADDRESS CITY STATE ZIP

Business Phone: _____ Fax: _____ Returning Team? Yes No

Team Name: _____ Team Captain Name: _____

Personal Phone: _____ Team Captain Email: _____

Credit Card Number (REQUIRED): _____ Vcode: _____

Expiration Date: _____ Name on Card: _____

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 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 for each registrant’s 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 Greater Fort Worth by May 9, 2015.
5. _____ Please use the credit card for full payment upon completion of online Race registration on April 17, 2015.

After receipt of this agreement, a Corporate Pay Code will be assigned and e-mailed to the Team Captain. The code is entered online during the registration process. The Company is responsible for the distribution of the code and its proper use. The Corporate Pay option is intended for **online registration only** unless arrangements are made otherwise. Please do not send your teammates to a walk up registration site to use a Corporate Pay Code. **All Codes expire on April 17, 2015. The bundled paper entry deadline is Friday, April 10th.**

I _____ (print name) on behalf of _____ (company name) am authorized to approve this agreement as outlined above. I agree to be invoiced and remit payment no later than May 9, 2015 for the registration fees for all of the participants on our team that use the discount code set up by Susan G. Komen Greater Fort Worth.

SIGNATURE

TITLE

PRINTED NAME

PHONE NUMBER