

Founders' Agreement

United States of American Tax Paying Citizens

Completing this form allows you agree to and comply with the terms and tenants of the Founders program of jobs4profit International and that YOU WILLINGLY provide the sensitive information we will use to consider and establish your membership in the Founders' Program.

Legal Name: *

Your Program eMail Address: *

By submitting this form, you attest to your being a LEGAL US Citizen.

Please complete the following form with Identifying Information as described Below

(If you need more than the provided space below, please add an additional sheet(s) as needed. Also, if you procure more referrals prior to the end of PHASE 1, Please feel free to submit another form. Just make sure to notify us in advance.)

Complete Contact Information:

Your Legal Name, Your Physical Address, Your Contact Phone #, Country of Residence.

Program Email: The email You Used When You Joined The Web-Site. ANY OTHER EMAIL WILL CAUSE YOU TO FORFEIT PAYMENT!

Tax ID Number: NO SSN, Either TIN Or EIN.

Your Legal Signature (This is a LEGAL Binding agreement and your legal signature IS REQUIRED).

Legal Signature

Print Signature

By affixing your signature to this document you are signifying that you enter into this agreement with clarity and thus signify that you UNDERSTAND your involvement and are, therefore, committing to adhere with the requirements of THIS program agreement as stated on the J4P website (Founders' Incentive) as well as the requirements as stated in the PHASE 1 of the Jobs 4 Profit program.

I AGREE

I DONOT AGREE

WARNING

This document **MUST** be signed, notarized, and then submitted through the regular postal service. **NO EXCEPTIONS!** As stated on the website this requirement is **FOR YOUR PROTECTION** to ensure that none of your personal information is intercepted or hacked. If you would like to be reimbursed for the postage so indicate by checking the appropriate box below:

Yes (I WOULD like a reimbursement) No (I DO NOT require a reimbursement)

If yes complete the following:

Payment gateway (Circle One) **PayPal** **Venmo** **Solid Trust Pay (STP)** **netSpend**

(No re-imbursement will be made through crypto currencies as transaction fees will be greater than postage)

Postal Cost: _____

If postal cost is greater than standard *First Class* postage, **INCLUDE ORIGINAL** postage receipt with this document.
Preferred Payment Gateway (Provide pertinent account information to allow for re-imbursement):

PayPal _____ Venmo _____ STP _____ netSpend _____

DO NOT REQUEST FOR WHAT YOU DID NOT SPEND!

Legal Signature _____ Print Signature _____ Date: _____

Notary Signature _____ Notary License _____ Date: _____

Notary Seal This Area