

AGREEMENT TO INVEST \$70.00 OR \$.00 INTO

THIS COMPANY & A PROMISE BY THIS COMPANY TO PAY ME \$210 A YEAR FOR EVERY \$70. MINIMUM IS: \$350

THAT'S \$87.50 MONTHLY FOR 12 MONTHS = \$1,050

To: www.CASHFORCE1.com. (A div of Top Rank Business Associates) 1603 Capitol Ave. #310 , Cheyenne, WY. 82001, USA. Tel: 800-905-9530 Fax: 888-317-4874 (Fax your contract to us now)

MEMORANDUM OF UNDERSTANDING:

I WOULD LIKE TO HELP YOU EARN \$1.9 - \$9.9 MILLION WITHIN 180 DAYS AS YOU SELL ADVERTISE MENTS & GIFT CARD MEMBERSHIPS

I shall, therefore, invest my USD \$350 now OR

I would like to invest \$.00

***PLEASE CREATE A VIRTUAL OFFICE & RECRUIT 3 - 250 PROFESSIONAL MLM & DIRECT SALES

WORKERS FOR ME

I SHALL RECEIVE MY \$87.50 MONTHLY FOR 12 MONTHS. TOTAL \$1,050.
OR

I SHALL RECEIVE MY \$.00 MONTHLY FOR 12 MONTHS. TOTAL \$.00 A YEAR

Send my first payment to me in exactly 37 days and every 30 days thereafter.

HERE'S MY VOLUNTARY DECLARATION : Whether I am an active or a silent participant of this program, I understood that this is a business opportunity investment

and it is not securities investment such as stocks, bonds, commodity trading, loan act or any form of loans or securities trading. Products and Services are to be moved with my money by the consulting firm's own MERCHANTS and I am to be paid monthly or weekly. I have read and understood this contractual Agreement & all the supporting document of this Concept. Also, I've visited **WWW.CASHFORCE1.COM & WWW.CERA-CASH.COM** & all other supporting websites

I, therefore, have no further questions or all my questions or concerns has been answered satisfactorily prior to giving or sending my money.

This Contract once notarized becomes a legal document and it is legally binding

My Name _____ Tel:() _____ Ad-
dress _____ Apt #: _____
City _____ State/Province _____ Zip/Postal Codes _____
Country _____ Email: _____
Signature _____ Date _____

THIS DOCUMENT WILL BE LEGALLY NOTARIZED BY US (THE COMPANY) AND ONE ORIGINAL COPY WILL BE SENT TO YOU, THE INVESTOR.

Signature on Behalf of : Top Rank Business Associates Group, Inc

Name: Dr. Israel Fagbemi

Witnessed By: Commissioner For Oath or Notary Public:

Name _____
Address , signature, date: _____