

CELLTECH MAGIC MARKETING, INC. USA
4500 Campus Dr., Ste. 105, Newport Beach, CA 92660
Tel (714) 338-8900; (714) 702-966-9300 FAX (714) 265-9915

THE ULTIMATE PAYROLL CARD - ENROLLMENT FORM

*Name _____ *Date _____

*Address _____

_____ *City _____ *State _____ *Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

Email Address _____ *DOB ____ / ____ / ____

Employer _____

***Government Identification (Photocopy Required)**

Social Security # _____ If no Social Security Number, then provide

Driver's License # _____ State or Country _____
-OR-

Passport Number _____ Country _____
-OR-

Matricular Consular # _____ Country _____
-OR-

Government ID # _____ Country _____

I have enclosed \$20.00 and a copy of my Government Identification.

*APPLICANT SIGNATURE _____ Date _____
(I declare the above statements are true.)

*** Required Information**

NOTE: Fully accomplish the above Payroll Card Enrollment Form and FAX to (714) 265-9915, or email scanned fully accomplished copy to admin@celltechmagic.com. Remit the \$20.00 by PAYPAL, or send money order to: CELLTECH MAGIC MARKETING, INC. USA, 4500 Campus Dr., Ste 105, Newport Beach, CA 92660.