



MAC Application

Please print, fill out, and email to yoursolutionator@gmail.com.

First Name:		Last Name:	
Address:		City:	State: ZIP:
Phone: - -	Email:		Birthdate: / /

Business Name:		Business Structure:	
Goods/Services Offered:			
Years in Business:		Gross Income:	
Website:		Facebook: <input type="checkbox"/>	Linkedin: <input type="checkbox"/>
Where do you work from primarily?			
Business Type:		Average Sale Amount: \$	

Please indicate which of the following you have or are working with.

Life Coach:	Marketing Coach:	Sales Trainer:
Social Media Coach:	Web Developer:	Business Consultant:
Financial Coach:	Mastermind:	

Please insert your score for each of the Levels found on your Business Health Survey.

Level 1 (Basics):	Level 2 (Sales):	Level 3 (Systems):	Level 4 (Passive):
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Please check which Level you would like to start with.

Level 1 (Basics): <input type="checkbox"/>	Level 2 (Sales): <input type="checkbox"/>	Level 3 (Systems): <input type="checkbox"/>	Level 4 (Passive): <input type="checkbox"/>
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Signature:	Date: / /
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Office Use Only

Start Date:		End Date:		Days:	
Time:		Level Graduated:		Start Location:	
Level 1 (Basics): <input type="checkbox"/>	Level 2 (Sales): <input type="checkbox"/>	Level 3 (Systems): <input type="checkbox"/>	Level 4 (Passive): <input type="checkbox"/>		
PIF: <input type="checkbox"/>	Installments: <input type="checkbox"/>	Credit: <input type="checkbox"/>	Check: <input type="checkbox"/>	Discount: \$	Discount Code:
Total Due: \$	Payment Amount: \$		Total Payments:		

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