

Cliq Registration Form

<p>Instructions: Please fill out this form by:</p> <ol style="list-style-type: none"> 1. Ticking the appropriate box. 2. Write in the information where there is no box. 3. Read the terms and condition and then sign. <p>Please note the following:</p> <ol style="list-style-type: none"> 1. Groups with (*) are required and these fields cannot be left blank. 2. You must be 18 years or older to be a member. 		
<p>Referrer Information: Your referrer is the person who introduced you to Cliq.</p>		
Do you have a referrer? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Referrer's Phone#: (example: 8769001234)	* Referrer Last Name:
<p>Personal Information:</p>		
* First Name :	Middle Name :	* Last Name :
* Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	* Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er	* Date Of Birth (month/day/year): / /
* Email Address:		
* Home Address:		* Country :
* Tax Registration Number:		
* Cell Phone Number to be used for Cliq transactions: (example: 8769001234)		
Flow (LIME) Number(s):		Digicel Number(s):
Works with text message, App and Web Login.		Works with App and Web Login.
Home / Alternate Phone: (example: 8769001234)	Work Phone: (example: 8769001234)	* Rate: : <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail
<p>Allowed Notification Channels: You may receive important update notifications via text message, email or both.</p>		
Allow SMS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Allow Email: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Terms & Conditions: You must agree to the terms and conditions to operate a CLIQ account.</p>		
* I agree to the terms and conditions of use for Cliq. <input type="checkbox"/> Yes		
Signature:		Date: