



# MGM (Member Gets Member) Promotion Form

## Active DFH Customer's

DFH Account Number	<input type="text" value="DFH-"/>	Smartcard Number	<input type="text"/>		
Name & Last Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
E-mail Address	<input type="text"/>	Home Phone	<input type="text"/>		
Business Phone	<input type="text"/>	Cell Phone	<input type="text"/>		

### DFH NETWORK INC.'S ACCEPTENCE OF REFERRAL

**We accept this referral and when the new account is activated we agree to give referring active DFH customer 1 (One) Month free service.**

#### TERMS & CONDITIONS

- \* Existing active DFH customers must submit a referral form for each new DFH customer.
- \* Referred customer must purchase a DFH system and a subscription package and have the system activated within 15 Days after delivery date.
- \* Referred cancel return customers must purchase a subscription package and must activate the system while purchasing.
- \* Allow DFH 4-6 weeks after activation to post the 1 (One) Month credit to existing active DFH customer's account.
- \* Offer is available for only new accounts/activations/cancel returns. Unproper referrals may be the subject for cancellation.
- \* Offer will not be combined with other DFH Network Inc.'s subscription promotions.
- \* Offer is not transferable or redeemable for cash.
- \* Existing DFH customer's account must be active and in good standing, as determined by DFH Network Inc. in its sole discretion, to receive credit.
- \* Dealer orders are not eligible for the promotion.
- \* DFH reserve the sole right to modify, suspend or cancel this referral program at any time without notice.
- \* Programming, pricing, terms and conditions subject to change at any time. Taxes not included. Receipt of DFH Network Inc. programming subject to DFH Network Inc. Customer Agreement in your first bill.

## New DFH Customer's

Name & Last Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
E-mail Address	<input type="text"/>	Home Phone	<input type="text"/>		
Business Phone	<input type="text"/>	Cell Phone	<input type="text"/>		

**AFTER COMPLETING THE FORM PLEASE FAX IT TO**

**(949) 707 1826**