



## Enroll Now for the Compass Pre-Paid MasterCard® Debit Card

### Personal Information

Title: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State / Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Shipping Street Address\*\* \_\_\_\_\_

City \_\_\_\_\_ State / Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\*\*We cannot ship to a P.O. Box. Control Number (if purchased at retail store-under scratch off) \_\_\_\_\_

### Payment Information

\_\_\_\_\_ \$30.00 for 1 Compass Pre-Paid MasterCard® Debit Card (Includes S&H and One Time Application Fee).

Please include a Cashiers/Bank Check, Money Order or Postal Order made out to TMS Corp USA, LLC for the amount checked above. Check must be in US\$ Dollars only.

By signing this box

Date	Signature
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I have read and agree to all the terms and conditions relating to this application on <http://www.compasscard.net/> and I am of legal age in my country of residence. **Cardholder Information: all fields are required and color notorised copy of passport and a utility bill must accompany this form or be emailed to: [support@compasscard.net](mailto:support@compasscard.net)**  
For US Citizens ONLY: By signing this application I confirm that I am aware that I may be required to disclose the existence of this card to the IRS or other Governmental authority in the United States and agree that I will do so as required by law. I acknowledge that failure to do may result in cancellation of my card.

Please complete ALL the information above. Enclose Payment and mail to:

**TMS Corp  
4757 E. Greenway Rd.  
Suite 107B-105  
Phoenix, Arizona 85032 USA**