



warrantystar.com



Family Benefit Donor Program Enrollment Form

IRIS AGENT ID : 1459

Personal & Shipping Information

Full Name: _____ Phone Number: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

E-mail Address: _____

IRIS Program Benefits

- **24/7 Roadside Assistance (we pay the provider for you)**
Towing, battery jump start, gas delivery, flat tire change, and locksmith service.
- **Auto Deductible Reimbursement**
No limit to number of vehicles covered as long as the member is a named insured – leased or rented.
Up to \$1,000 in the event of a comprehensive or collision claim.
- **Auto Repair Reimbursement**
Warranty Star will pay 20% of the parts and labor portion of your auto repair bill.
- **Monthly \$25 Gift Card to Restaurant.com**
Every month enjoy a new \$25 gift card which can be used at over 19,000 local restaurants nationwide.

Payment Information

Payment by Credit Card Only: Visa MasterCard Discover American Express (Circle one)

Credit Card # _____ / _____ / _____ / _____ Exp. _____ / _____ CID# _____

Billing Address (if different) : _____

City: _____ State/Province: _____ Zip/Postal Code: _____

"The undersigned verify that the information contained herein is true and correct to the best of their knowledge. The Agreement Holder verifies that He/She has read, understands, and will abide by the terms and conditions of this Agreement. No verbal or written representations have been made which may alter the terms and conditions of this Agreement. This Agreement becomes valid only upon acceptance by the Administrator. Purchase of this Agreement is not necessary to obtain financing for the covered vehicles. This is not an insurance policy.

I CONSENT TO THE USE OF MY PERSONAL INFORMATION AS IT PERTAINS TO THIS PLAN. I HAVE RECEIVED, READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS APPLICATION. I AGREE AND AUTHORIZE MY CREDIT CARD TO BE CHARGED VIA MY PAYMENT METHOD, EVERY 1 MONTH AT THE RATE OF \$19.95, PLUS APPLICABLE TAXES UNTIL EITHER I CANCEL MY COVERAGE OR THE COVERAGE TERM EXPIRES."

Signature Required: X _____ Date: _____

Fax or Email your completed form to Warranty Star: 952-881-7828 (fax) support@warrantystar.com

