



AGEL TEAM MEMBER APPLICATION

USA

Business Name (not required):		
First Name:	Last Name:	
Birth Date:	S.S.N. :	
Home Phone:	Work Phone:	
Cell Phone:	E-Mail:	
User ID:	Temporary Password :	
Billing Address : (for credit card) Street Address :		
City:	State:	Zip Code:
Shipping Address : (if dif ferent) Street Address:		
City:	State:	Zip Code:
Pricing (US \$)		Person who sponsored you:
Executive Pack: (Sixteen boxes of product)	\$1,000.00	Sponsor ID:
Personal Pack: (Four boxes of product)	\$ 250.00	Credit Card Information
All orders are subject to sales tax and a \$35.00 enrollment fee.		VISA MC AE DC
Product Orders	Activation: Pick 16 boxes	Autoship: Pick 4 boxes
EXO	_____	_____
MIN	_____	_____
FIT	_____	_____
OHM	_____	_____
UMI	_____	_____
FLX	_____	_____
PRO	_____	_____
HRT	_____	_____
ARG	_____	_____
Ageless	_____	_____
Credit Card Number:		
Expiration Date:	CID (Security Code)	
Monthly Autoship Date (circle one):		
1st	5th	10th 15th
Autoship Credit Card Information (if you are using a different credit card):		
VISA MC AE DC		
Credit Card Number:		
Expiration Date:	CID (Security Code)	
Signature:		
Today's Date:		