



DIRECT AND PREFERRED CUSTOMER APPLICATION

APPLICANT INFORMATION

There are (2) two types of Kyäni Customers - Please Select One

- Direct Customer** - Order what you want, when you want at Retail Prices
- Preferred Customer** - Save up to 10% off Retail Prices by agreeing to a minimum monthly purchase (Autoship) of \$64PV.

If your Direct or Preferred Customer Agreement will be owned by a Corporation, Partnership or Trust, or will be operated under an assumed name, you must complete a Kyäni Business Entity Registration Form and submit it with this Application and Agreement.

First Name Last Name Date of Birth / /

**Home Phone Cell Phone Work Phone

Fax Email Address

Shipping Address

City State/Province Zip/Postal

Billing Address

City State/Province Zip/Postal

SPONSOR INFORMATION

Sponsor First Name M.I. Last Name

Sponsor Phone Sponsor Phone (Optional) Distributor ID#

ORDER INFORMATION

| Item | Product Description | Direct | Preferred | Savings | Qty |
|--------------------|---|--------------|--------------|-------------|-----|
| Triangle Pack | (1) 30oz Sunrise, (1) 90ct Sunset and (1) 56ml NitroFX | \$140.00 USD | \$130.00 USD | \$10.00 USD | |
| Triangle Plus Pack | (1) 30oz Sunrise, (1) 90ct Sunset, (1) 56ml NitroFX and (1) 30pk of 1oz Sunrise | \$190.00 USD | \$171.00 USD | \$19.00 USD | |
| Health Pack | (2) 30oz Sunrise and (2) 90ct Sunset | \$160.00 USD | \$144.00 USD | \$16.00 USD | |
| 30oz Sunrise | (1) 30oz Sunrise | \$40.00 USD | \$36.00 USD | \$4.00 USD | |
| 90ct Sunset | (1) 90ct Sunset | \$40.00 USD | \$36.00 USD | \$4.00 USD | |
| 56ml NitroFX | (1) 56ml NitroFX | \$62.00 USD | \$59.00 USD | \$3.00 USD | |
| .5oz NitroFX 8pk | (1) .5oz NitroFX 8pk Travel Size Bottles | \$140.00 USD | \$130.00 USD | \$10.00 USD | |

Choose your Autoship Order
This order will Automatically be shipped to you each month.

Enroll me as a Preferred Customer and send me the following Autoship Order monthly.

At Kyäni we are so confident in the Quality of our Products we offer a **30 Day Money Back Guarantee** on our products.

I understand that this Agreement will remain in effect until I cancel by send in writing, my cancellation of this Agreement to Kyäni, Inc., at 1070 River Walk Dr. Suite 350, Idaho Falls, Idaho 83402, or by fax to (208) 529-9873. The products I purchase are for my own use and I agree that I will not resell any Kyäni products unless I am also a Kyäni Distributor (Notice must include your signature, printed name, address, and Direct or Preferred Customer Number).

PAYMENT INFORMATION

Primary Form of Payment Visa Amex MasterCard Discover

Number of Card Security Code Exp. Date (MO/YR) /

Card Holder Name (As it appears on card)

Card Holder Billing Address (Where you receive your monthly statement)

City State/Province Zip/Postal

LEGAL INFORMATION

This Application is subject to approval by Kyäni, Inc. and is not binding until the Applicant is approved by the company. If approved, Applicant agrees to be bound by all terms and conditions of the Kyäni Customer Agreement as currently in effect or amended from time to time. You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction

Signature _____ Date _____

I understand that upon approval of this application the credit card information above will be charged for the cost of the options I have selected on this form.