Kyäni

INDEPENDENT DISTRIBUTOR APPLICATION

$499		$999	
Nitro FX 56ml.	1	Nitro FX 56ml	2
Sunrise 30 Oz. Bottle	1	Sunrise 30 Oz. Bottle	2
Sunset	1	Sunset	2
Nitro FX 15ml	8	Nitro FX 15ml	16
Nitro Xtreme 15ml	8	Nitro Xtreme 56ml	2
Sunrise 1oz. Packets	30	Nitro Xtreme 15ml	16
7 Day Trial Packs	5	1 oz. Sunrise Packets	60
Sunrise Brochures	25	7 Day Trial Packs	15
Nitro Brochure	25	Sunrise Brochures	25
Sunset Brochure	25	Nitro Brochure	25
Starter Packet	1	Sunset Brochure	25
1 Year Free Webtools	1	Triangle Brochure	25
		Starter Packet	1
		Coupon for $50 Convention Ticket	1
		1 Year Free Webtools	1

☐ *Please sign me up on Autoship for (1) Health Triangle Pack which includes: (1) Sunrise Bottle, (1) 90ct Sunset and (1) 2oz NitroFX*

- *Be sure to Register for the Next Kyäni Event - Call Customer Service for dates and for your 'Special' NEW Distributor discount.*

APPLICANT INFORMATION

First Name | Last Name | *Company

Date of Birth (/ /) | *Social Security # (— —) | Federal Tax ID# (—)

**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#

PAYMENT INFORMATION

☐ ☐ Amex ☐ 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 Distributor Agreement and the company Policies and Procedures as currently in effect or amended from time to time. Applicant may withdraw this Application for a period of fourteen days from the date hereof by sending written notification of the withdrawal to the company at 1070 Riverwalk Dr. Ste 350, Idaho Falls, ID 83402

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.