



# INDEPENDENT DISTRIBUTOR APPLICATION

- Distributor Pack Contents
- (1) Sunrise Bottle
- (1) 90ct Sunset
- (1) 2oz NitroFX
- (34) 1oz Sunrise Samples
- (10) .5oz NitroFX Samples
- (1) 25pk of Sunrise Brochures
- (1) 25pk of Sunset Brochures
- (1) 25pk of NitroFX Brochures
- (1) 25pk Sunset Pass Along Cards
- (1) 25pk Sunrise Pass Along Cards
- (1) 25pk NitroFX Pass Along Cards
- 30 Days of Webtools

## \$499 Premium Builder Pack

### includes:

- Distributor Pack Contents
- (1) Sunrise Bottle
- (1) 90ct Sunset
- (1) 2oz NitroFX
- (64) 1oz Sunrise Samples
- (18) .5oz NitroFX Samples
- (1) 25pk of Sunrise Brochures
- (1) 25pk of Sunset Brochures
- (1) 25pk of NitroFX Brochures
- (1) 25pk Sunset Pass Along Cards
- (1) 25pk Sunrise Pass Along Cards
- (1) 25pk NitroFX Pass Along Cards
- 12 Months of Webtools

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	*Social Security #	Federal Tax ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>
**Home Phone	Cell Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax	Email Address	
<input type="text"/>	<input type="text"/>	
Shipping Address		
<input type="text"/>		
City	State/Province	Zip/Postal
<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Address		
<input type="text"/>		
City	State/Province	Zip/Postal
<input type="text"/>	<input type="text"/>	<input type="text"/>

### SPONSOR INFORMATION

Sponsor First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sponsor Phone	Sponsor Phone (Optional)	Distributor ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PAYMENT INFORMATION

<input type="checkbox"/>	<input type="checkbox"/> Amex	Number of Card	Security Code	Exp. Date (MO/YR)
<input type="checkbox"/>	<input type="checkbox"/> Discover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Holder Name (As it appears on card)				
<input type="text"/>				
Card Holder Billing Address (Where you receive your monthly statement)				
<input type="text"/>				
City	State/Province	Zip/Postal		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

### 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.