

NEW DISTRIBUTOR APPLICATION & AGREEMENT



VELOCITY INTERNATIONAL MARKETING
102 WEST 9TH STREET
OWENSBORO, KY 42303
TEL: (270) 689-0035
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WWW.VELOCITY4U.COM

PROFILE INFORMATION (Please Print)

SSN# or Federal ID# _____ Date ____ / ____ / ____
Date of Birth ____ / ____ / ____
First Name _____ Last Name _____
Company Name _____
Street Address _____
City _____ State ____ Zip _____ - ____
Hm. Phone (_____) _____ - _____ Wk. Phone (_____) _____ - _____
Fax. Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
E-mail _____

SHIPPING ADDRESS (UPS Will Not Deliver to P.O. Boxes)

First Name _____ Last Name _____
Street Address _____
City _____ State ____ Zip _____ - ____

SPONSOR INFORMATION

SSN #, Federal ID# or Distributor ID# _____
First Name _____ Last Name _____

PLACEMENT

Automatic placement of this Sales Associate's BV will be at the nearest point in the weakest leg of the Sponsor's 001 organization unless otherwise specified. Sponsor may elect to "place" BV at a specific point in the organization. Complete the following section, otherwise, please leave this section blank, as no changes in placement are allowed.
SSN #, Federal ID# or Distributor ID# _____ Place Distributor on ____ Left or ____ Right Side

ENTRY LEVEL (Check One)

____ Professional Level \$1034.00 (1 SUCCESS Kit & 12 Cases Patagonian Maqui Juice)
____ Professional Level \$1034.00 (1 SUCCESS Kit & 12 Cases Maximum Velocity)
____ Executive Level \$279.00 (1 SUCCESS Kit & 2 Cases Patagonian Maqui Juice) Order Subtotal: \$ _____
____ Executive Level \$279.00 (1 SUCCESS Kit & 2 Cases Maximum Velocity) Shipping & Handling Subtotal x 10%: \$ _____
____ Distributor Level \$179.00 (1 SUCCESS Kit & 1 Case Patagonian Maqui Juice)
____ Distributor Level \$179.00 (1 SUCCESS Kit & 1 Case Maximum Velocity) KY Residents (Add 6% Sales Tax): \$ _____
____ Customer Level (Product User Only. See Reverse for Order Form) Total for Order: \$ _____

Website URL _____
Password (Must be at least 5 characters) _____

INITIAL FORM OF PAYMENT

____ Visa ____ MasterCard ____ Discover ____ American Express ____ Check or M.O. Enclosed
Card Number _____ - _____ - _____ - _____ 3-Digit Code _____
Authorized Signature _____ Print Name _____ Exp. ____ / ____

MONTHLY ORDER REGISTRATION (Check One. \$8.95 Shipping & Handling will be added to each shipment.)

____ 2 Bottles Patagonian Maqui Juice™ \$ 75.00 ____ 2 Boxes Maximum Velocity™ \$75.00
____ Visa ____ MasterCard ____ Discover ____ American Express ____ Check or M.O. Enclosed
Card Number _____ - _____ - _____ - _____ 3-Digit Code _____
Authorized Signature _____ Print Name _____ Exp. ____ / ____

AUTHORIZATION

By signing, I acknowledge receipt of the Terms of Agreement and the Policies and Procedures on the reverse side of this form. I have closely read, understand and willingly agree to be bound by all of these terms and conditions. I have the right to cancel my Registered Sales Associate status at any time, regardless of reason, by submitting such cancellation notice in writing to Velocity International Marketing at the above address. Please accept my Registered Sales Associate Application in accordance with all of Velocity International Marketing's terms and conditions.

Authorized Signature _____ Date ____ / ____ / ____