

# DISTRIBUTOR UPGRADE FORM



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## DISTRIBUTOR INFORMATION (Please Print)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SSN# or Federal ID# \_\_\_\_\_

Distributor ID# \_\_\_\_\_

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 (FedEx Will Not Deliver to P.O. Boxes)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

## UPGRADE LEVEL (Check One)

\_\_\_\_\_ Distributor Level to Executive Level \$330.00 (3 Case Order)

\_\_\_\_\_ Executive Level to Professional Platinum Level \$995.00 (12 Case Order)

Order Subtotal: \$ \_\_\_\_\_

Shipping & Handling 10% or Subtotal: \$ \_\_\_\_\_

KY Residents (Add 6% Sales Tax): \$ \_\_\_\_\_

Total for Order: \$ \_\_\_\_\_

## FORM OF PAYMENT

\_\_\_ 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_