ISAGENIX

Independent Associate Enrollment Application - MEXICO.

Isagenix
2225 S. Price Road, Chandler, AZ 85286
001-877-7739-472 MX - Customer Service

Applicant Information

PLEASE PRINT CLEARLY

Applicant Name (father last name, mother last name, first and second names)

Business (If applicable for tax purposes)

Co-Applicant Name (father last name, mother last name, first and second names) *Optional*

Mailing Address Suite/Apartment #

City State Zip

Shipping Address *(If different than mailing address, or if mailing address is a P.O. Box)*

City State Zip

Date of Birth

Applicant RFC (Optional)

Contact Phone

Additional Phone

Fax Number

Language Preference

English Español

E-mail address

/

Select a Username *(All lowercase, one word, min. 7 characters)* and Password

Your Sponsorship Information

Name (father last name, mother last name, first and second names)

Sponsor's Phone Number

Isagenix ID Number *(If you have not received your ID Number, use your SSN/FID as a temporary ID #)*

Your Placement Information

Place me on my sponsor's: Left Team Right Team

(If left blank, the placement preferences established by the sponsor will be used.)

OR, place me in a specific position in the tree beneath:

Left Right

Your First Order / Your Autoship Order

❑ *Annual Membership* - *US$39 Includes first-year access to personalized website and Online Back Office (Non-refundable).*

❑ *Discounted Annual Membership* - *US$ 19 To retrieve this $20 discount, you must enroll in Autoship.*

Refer to the appropriate price list in your **Back Office** (in the **My Orders** menu, select **View Price Lists**) and enter order information in the table below. Products with 100BV or higher meet the Active Personal Volume requirement. You may order as many Paks as you'd like.

Autoship Order _____(initial) Yes, I want to capture all reorder volume and maintain my active status. As a convenience to me, please ship the Isagenix order indicated in the Autoship column below every 30 days. *Note: It is recommended that the items selected for Autoship fulfill the 100BV Active Personal Volume requirement.*

❑ Start my Autoship in 30 days ❑ Start my Autoship on this date: _____

❑ No, I prefer not to set up an Autoship at this time.

To add additional products to your order, use a separate piece of paper.

YOUR FIRST ORDER Qty.	YOUR AUTOSHIP ORDER Qty.	SKU and Description	Price**	BV

*** Shipping, Handling, and Tax not included. Shipping & Handling non-refundable.*

Payment Section

I hereby authorize, until otherwise instructed, to pay for my order and Autoship in the following method:

Option A (circle one)**:** MasterCard Visa

Card Card #:_____Exp. _____

CCV Code (3-digit number found on back of card — required):_____

Name (as on card):_____

(REQUIRED)

Associate Agreement:
By signing below, I indicate that I have read and accept all terms and conditions on this form and referred to on this form. I certify that at least 70 percent of my orders will be consumed by me or sold retail. I will not purchase product solely for purposes of meeting sales volume goals. I understand that to become an Associate, no purchase is required other than an Associate Support System. I agree to be bound by Isagenix Policies and Procedures as published on the Isagenix Web site (subject to change). I understand that I may cancel my status as an Associate at any time. (Cancellation forms may be submitted by fax or mail).

Applicant Signature: _____

Date: _____

(REQUIRED)

OFFICE USE Date: Processed By: Isagenix ID#: