

**ALIVAMAX DISTRIBUTOR APPLICATION FORM**

**MEMBERSHIP APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ SS#/FIN#: \_\_\_\_\_

**SPONSOR INFORMATION**

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

**CREATE ACCOUNT INFORMATION**

Choose Username: \_\_\_\_\_ Default Password: 12345678

**CHOOSE YOUR INITIAL ORDER AND INITIAL AUTOSHIP - Minimum 100 PV**

QTY	Please choose the items you wish to purchase as your initial order	Volume	Price
1	Business Enrollment Kit - (One Time Enrollment Fee - Required for New Enrollment)	0 PV	\$150.00
	Energy Pack - 1 Month Supply Each - Enerjetics, Jackie Chan XGT, Aliva Brew	115 PV	\$130.00
	Weight Loss Pack - 1 Month Supply Each - HCG Drops, Trim Capsules, Jackie Chan XGT	130 PV	\$155.00
	Wellness Pack - 1 Month Supply Each - Enerjetics, Fountain of Youth, Aliva Brew	125 PV	\$140.00
	Beauty Pack - 1 Month Supply Each - Skin Serum, Eye Serum, Fountain of Youth	125 PV	\$140.00
	Sample Pack - 15 Enerjetics, 15 Jackie Chan XGT, 10 Aliva Brew, 15 Caps FOY, Hydracell	105 PV	\$125.00
	Enerjetics - 30 Servings	50 PV	\$59.99
	HCG Support Drops - 1 Month Supply (2 ounces)	50 PV	\$59.99
	Trim Capsules - 1 Month Supply (90 Capsules)	50 PV	\$54.99
	Fountain of Youth - 1 Month Supply (60 Capsules)	50 PV	\$54.99
	Wrinkle Free Skin Serum - (1 ounce) - 1 Month Supply	50 PV	\$54.99
	Jackie Chan XGT Energy Drink Mix - 30 Servings	30 PV	\$39.99
	Aliva Brew - (12 ounces) - 25 Servings	25 PV	\$29.99
	Hydracell - (2 ounces) - 1 Month Supply	25 PV	\$29.99
	Wrinkle Free Eye Serum - 1 Month Supply	25 PV	\$29.99
	Aliva Brew - 5 Servings (2 ounces each) Great for Samples	15 PV	\$24.99
	Jackie Chan XGT Energy Drink Mix - 15 Servings	15 PV	\$19.99
	<b>SUB TOTAL:</b>		
	<b>SHIPPING AND HANDLING COST:</b>	0 PV	\$12.99
	<b>UTAH STATE TAX (If Applicable - No Sales Tax on Enrollment Kit):</b>	6.85%	
	<b>TOTAL - SUB TOTAL + SHIPPING AND HANDLING COST + UTAH STATE TAX:</b>		

**PAYMENT INFORMATION**

**VISA** Cardholders Name: \_\_\_\_\_  
 **MASTERCARD** Card Number: \_\_\_\_\_  
 **AMERICAN EXPRESS** Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**AGREEMENT**

By signing below, I acknowledge that the information I have provided is true to the best of my knowledge and I agree to be bound to Alivamax Distributor Agreement upon acceptance of my application. I have read and agree to be bound by the Terms and Conditions of Alivamax Worldwide, LLC Distributor Agreement located on the Alivamax Website.

**SIGNATURE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_