

DISTRIBUTORSHIP APPLICATION & AGREEMENT – PAY IT FORWARD PROGRAM

Office Use Only ID #	Mail, Fax or Email to:	American Dream Nutrition	YOUR SPONSOR'S NAME AND ID#:
	P.I.F. Application Autoship Starts in 30 days From my first order Email: support@americandream4me.com	P. O. Box 220 Beloit, KS 67420 Fax# 785-534-1472	

PAY IT FORWARD DISTRIBUTOR INFORMATION – \$19.00 TODAY AND AUTOSHIP NEXT MONTH

Name:		E-mail:	
Mailing Address:		Social Security #:	
City:		State:	Zip:
Day Phone #:	Eve. Phone #:	Fax #:	

My First Bottle and My Monthly Autoship- (Platinum level - 4 bottles) (Gold - 2 bottles) (Silver -1 bottle)

\$19 Today	My 1st bottle choice is :	Select autoship below:	Quantity		
\$49.45	PhytoZon – 60 ct. capsules (30 day supply) (Plat \$164) (Gold \$89) (Silver \$49.45)				
\$39.45	PureAquaMins Special – 2 qty. - 2 oz. bottles (2 bottles)				
\$39.45	Get Juiced – Super Foods Complex 60 ct. (30 day Supply)				
\$49.45	NitroFactor Nitric Oxide Super Beet Formula – (1 tub – powder) (30 day supply)				
\$49.45	KETO-FAT BURNER – 90 ct. Weight Loss (30 day supply)				
\$45.45	Wild Shiaga – Immune Booster – Essential Oils Blend (30 day supply)				
	Shipping & Handling is FREE for 2 bottles or more. S/H is \$4.50 for 1 product				

IMPORTANT: I UNDERSTAND AND AGREE THIS IS AN AUTOSHIP ORDER BY CREDIT CARD TO RECEIVE ALL THE BENEFITS AND QUALIFY FOR COMMISSIONS. I MAY CANCEL AT ANY TIME.

DISTRIBUTORSHIP AGREEMENT & AUTOSHIP AUTHORIZATION I agree to ADN'S Terms and Conditions and I understand and agree to abide by these Terms and Conditions. I also understand and agree that my "autoship" order is part of the automatic monthly purchasing program of American Dream Nutrition LLC (ADN) for my monthly associate or product order. I hereby authorize ADN, or its authorized agent(s), to draft or charge on a monthly basis the credit card submitted by me for payment for this order. Charges for my monthly product order(s) will be charged 30 days after my first order. The processing of this form of payment is for my convenience only and this authorization can be cancelled or changed at any time by submitting written notice or contacting American Dream directly. This authorization is to remain in effect until ADN receives notification from me revoking said authorization. Written notification must be received by ADN at least fifteen (15) days prior to the effective date of the revocation. Therefore, "autoship" cancellation requests will be processed and effective fifteen (15) days from the date of receipt by ADN. I further understand and agree not to stop payment or charge back my product order(s). I agree to the refund policy to return product for a refund. I understand I will lose my position, downline and commissions if I enter false data. **American Dream 1-785-534-1470**

DATE _____ SIGNATURE _____

(THIS FORM MUST BE COMPLETED IN ORDER TO PROCESS)

MUST INCLUDE FORM OF PAYMENT FOR MONTHLY AUTOSHIP.

Your personal Website and back office set-up. Password: (minimum of 5 characters) _____ This password will be used when accessing your back office. Your 2 Personal Websites Names:

www.americandream4me.com/ **Example: If you enter "bob" as**

your 2 Personal Web Site Names will be as follows:

www.americandream4me.com/bob. Your site name can be 1 to 20 characters long.

www.buvohvtozon.com/bob

CREDIT CARD PAYMENT

You must date and sign below in order to process.

CREDIT CARD TYPE

() Visa () MasterCard
() American Express () Discover Card

Credit Card #

_____ - _____ - _____ - _____

Exp. Date _____ 3 digit code: _____

CREDIT CARD ACCOUNT AUTHORIZATION

Cardholder Name (please print) _____

Cardholder Signature _____

Date _____

Billing Address: If different from shipping address: _____

Address: _____

City _____

State _____

Zip _____