



# DISTRIBUTOR APPLICATION FORM

Incomplete or unclear order forms may not be processed. New U Life is not responsible for errors due to illegibility or misinterpretation of handwritten information.

## SPONSOR INFORMATION

ID NUMBER:	FIRST NAME:	MIDDLE INITIAL:	LAST NAME:

## APPLICANT INFORMATION

First Name:	Middle Initial:	Last Name:
Social Security Number:		DOB (MM/DD/YYYY):
Home Phone:		Cell Phone:
Work Phone:		E-Mail Address:
Billing Address:		
Shipping Address - (If different than billing address):		

## DESIRED PLACEMENT

## CHECK ONE

Placement Name:	Placement ID Number:	<input type="radio"/> Left	<input type="radio"/> Right
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## DESIRED USERNAME

## DESIRED PASSWORD

## Payment Method

## Routing Number:

## Account Number:

☐ Direct Deposit ☐ Check

**Initial Enrollment Order\*** - (\*Each lifestyle pack includes your business center, first year USite, Tool Kit, and first year membership.)

**Associate Lifestyle Pack**  
[ \$199 - 100 CV ]  
1 SOMADERM Gel



**Promoter Lifestyle Pack**  
[ \$499 - 300 CV ]  
3 SOMADERM Gels



**Coach Lifestyle Pack**  
[ \$899 - 600 CV ]  
6 SOMADERM Gels



**AUTOSHIP\*** - (\*Setting your AutoShip order is not required, but it is the most effective way to make sure you never miss out on commissions.)

Product	QTY	Total Cost

## METHOD OF PAYMENT

Card Number:	Expiration Date:	Security Code:
Name on Card:	<input type="radio"/> VISA	<input type="radio"/> MASTERCARD <input type="radio"/> AMEX
Billing Address (Exactly how it appears on your statement):		

Card Holder Signature: _____	Date: _____
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