INDEPENDENT DISTRIBUTOR APPLICATION

☐ **$199 Product Pack**
***QV 125 - CV 100 - SV 60* incl:**

- Distributor Pack Contents
- (1) Sunrise Bottle
- (1) 90ct Sunset
- (1) 56ml NitroFX
- (4) 1oz Sunrise Samples
- (2) .5oz NitroFX 8pk Samples
- 30 Days of Webtools

☐ **$299 Business Builder Pack**
***QV 200 - CV 120 - SV 130* includes:**

- Distributor Pack Contents
- (1) Sunrise Bottle
- (1) 90ct Sunset
- (1) 56ml NitroFX
- (4) 1oz Sunrise Samples
- (10) .5oz NitroFX 8pk Samples
- (1) 25pk of Sunrise Brochures
- (1) 25pk of Sunset Brochures
- (1) 25pk of NitroFX Brochures
- 30 Days of Webtools
- (1) 7 Day Trial Pack

☐ **$499 Premium Builder Pack *QV 300 - CV 225 - SV 250* includes:**

- Distributor Pack Contents
- (1) Sunrise Bottle
- (1) 90ct Sunset
- (1) 56ml NitroFX
- (34) 1oz Sunrise Samples
- (18) .5oz NitroFX 8pk Samples
- (1) 25pk of Sunrise Brochures
- (1) 25pk of Sunset Brochures
- (1) 25pk of NitroFX Brochures
- (1) 25pk Sunset Pass Along Cards
- (1) 25pk Sunrise Pass Along Cards
- (1) 25pk NitroFX Pass Along Cards
- 12 Months of Webtools
- (1) 7 Day Trial Pack

APPLICANT/PAYMENT INFORMATION

First Name | Last Name

Company | TAX ID# | Social Security # ___ – ___ – ____

Date of Birth ___ / ___ / ____ | Home Phone (___) ___ – ____ | Cell Phone (___) ___ – ____

Fax (___) ___ – ____ | Email Address

Shipping Address

City | State/Province | Zip/Postal

Billing Address

City | State/Province | Zip/Postal

Extension Name for Replicated Site (www.kyani.net/**yoursitehere**)

☐ VISA ☐ AMEX ☐ MC ☐ DISC | Credit Card # | EXP. Date MM/YYYY ___ / ____ | CVV

SPONSOR INFORMATION

Sponsor First Name | M.I. | Last Name

Sponsor Phone (___) ___ – ____ | Sponsor Phone *(Optional)* (___) ___ – ____ | Distributor ID#

LEGAL INFORMATION

This Application is subject to approval by Kyäni, Inc. and is not binding until the Applicant is approved by the company. If approved, Applicant agrees to be bound by all terms and conditions of the Kyäni Distributor Agreement and the company Policies and Procedures as currently in effect or amended from time to time. Applicant may withdraw this Application for a period of fourteen days from the date hereof by sending written notification of the withdrawal to the company at 1070 Riverwalk Dr. Ste 350, Idaho Falls, ID 83402

Signature _____ *Date* _____

I understand that upon approval of this application the credit card information above will be charged for the cost of the options I have selected on this form.