

DISTRIBUTORSHIP APPLICATION & AGREEMENT – PAY IT FORWARD PROGRAM

Office Use Only ID#	Mail, Fax or Email to: P.I.F. Application Autoship Starts in 30 days From my first order Email: Support@americandream4me.com	American Dream Nutrition P.O. Box 220 Beloit, KS 67420 FAX# 785-534-1472	YOUR SPONSOR'S NAME & ID#: _____
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PAY IT FORWARD DISTRIBUTOR INFORMATION- \$19 NOW & ADN PAYS FOR YOUR FIRST BOTTLE!

Name:	Email:
Shipping Address:	Social Security#
City:	State: Zip:
Billing Address if Different:	
Day Phone#	Eve. Phone# Fax#

My Registration with American Dream Nutrition and website: (to be charged today) \$19.00
 Your personal Website and back office set-up: Password: _____ (minimum 5 characters)
 Your personal website name: www.americandream4me.com/ _____ (1-20 characters)
 Ex:If you chose bob, your personal sites would be www.americandream4mecom/bob & www.buyphytozon.com/bob

My Choice for the Promotional Product is: _____
 (All products you can choose from are found below and on your Sponsor's personal website) **Included**

My Monthly Autoship to be billed in 30 days- (Platinum level-4 bottles) (Gold level-2 bottles) (Silver level-1 bottle)

	<u>Quantity</u>	<u>Credit Card Payment Information</u>
\$49.45 Phytozon 60 caps, 30 day supply	.	Visa () Master Card () Discover () American Express ()
\$59.95 Stem Cell Release Factor, 60 cps	.	Credit Card # _____ - _____ - _____ - _____
\$47.45 Wild Conk Immune Booster	.	
\$49.45 NitroFactor Powdered drink	.	Exp Date _____ 3 Digit Code _____
\$49.45 Super Greens Super Fruits Plus	.	<u>Credit Card Account Authorization:</u>
\$49.45 Clear Heart Cardio Support	.	_____
\$49.45 Keto Fat Burner 90 ct	.	
\$39.45 PurAquaMins 2qty 2oz bottles	.	
\$39.45 Get Juiced SuperFoods complex	.	
\$45.45 Super Omegas 3-6-9 90 ct	.	Cardholders Name (Please print)
\$48.00 Nu-Derma Gold skin care	.	_____
Total \$.	Cardholders Signature Date

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

DISTRIBUTORSHIP AGREEMENT & AUTOSHIP AUTHORIZATION: I agree to ADN's Terms & 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 registration 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 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

THIS FORM MUST BE COMPLETED & SIGNED IN ORDER TO PROCESS YOUR ORDER AND APPLICATION AND MUST INCLUDE FORM OF PAYMENT FOR MONTHLY AUTOSHIP.

DATE _____ SIGNATURE _____