

Congratulations on Joining our Team!

You may join our team using the “PAY IT FORWARD” program with either one of the following two ways:

- 1) By calling American Dream’s office live Monday thru Friday from 9am to 5pm Central time at 785-534-1470 with your sponsor on the phone with you.

Or you may...

- 2) Print out the Paper application for American Dream and mail it or fax it into the American Dream office.

If you have additional questions please contact our office Monday thru Friday from 9am to 5pm Central time at :
785-534-1470

To Your Success!

DISTRIBUTORSHIP APPLICATION & AGREEMENT

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

DISTRIBUTOR INFORMATION

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

MONTHLY AUTOSHIP PRODUCT ORDER - (Platinum level - 4 bottles) (Gold - 2 bottles) (Silver -1 bottle)

	My 1st Order is 1 bottle PhytoZon (30 day supply) <u>select autoship below:</u>	Quantity		
\$49	PhytoZon – 60 ct. capsules (30 day supply) (Plat \$160) (Gold \$89) (Silver \$49)			
\$39	PureAquaMins Special – 2 qty. - 2 oz. bottles (2 bottles)			
\$39	Get Juiced – Super Foods Complex 60 ct. (30 day Supply)			
\$49	Doctor Formulated “Clear Heart” 90 capsules – 30 day supply			
\$49	NitroFactor Nitric Oxide Formula – (1 tub – powder) (30 day supply)			
\$45	NutraBurn – 90 ct. Weight Loss (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.

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 _____