



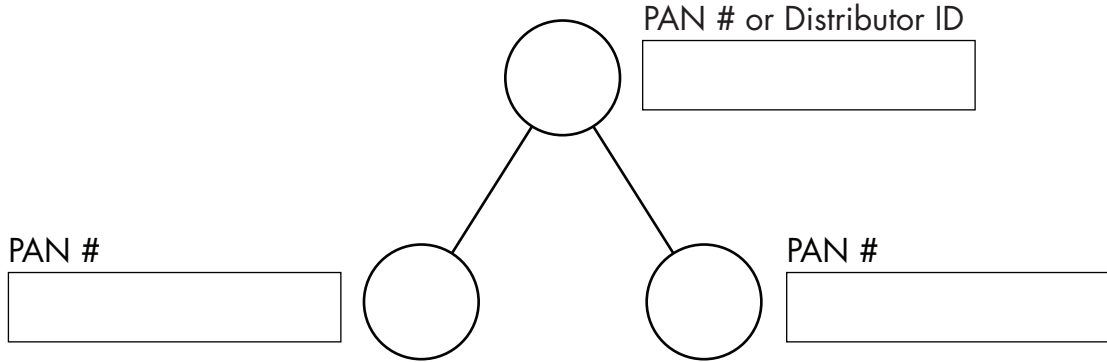
# MONA • VIE

Sponsor Name \_\_\_\_\_

Sponsor PAN#/Dist. ID \_\_\_\_\_

DISTRIBUTOR ID

For office use only



\* Fill in only one position (left or right)

**NOTE:** All applications must have attached copies of PAN ID, proof of address (passport/ration card/drivers license/voters ID/ telephone billing statement), and bank Passbook or Account Statement with details of account and NEFT code. Without these forms, the application will not be accepted. Distributor Kit purchases will not be collected until the official pre-registration period begins.



M O N A • V I E™

INDIA DISTRIBUTOR APPLICATION FOR A BUSINESS

Should MonaVie need to contact you regarding this application, please provide your contact information below.

NAME

TELEPHONE NUMBER

EMAIL ADDRESS

**NOTE:** All applications must have attached copies of PAN ID, proof of address (passport/ration card/drivers license/voters ID/telephone billing statement), and bank Passbook or Account Statement with details of account and NEFT code. Without these the forms, the application will not be accepted. A Distributor Kit should be purchased in the form of Demand Draft only (individual DDs) in favour of "MONAVIE INDIA ENTERPRISES PVT LTD" these are payable at the MonaVie office in Chennai once the official pre-registration period begins by either courier to the Chennai office or at the nearest MDC in your district with the above mentioned documents.

Amended  
Distributor ID No. \_\_\_\_\_

### APPLICANT INFORMATION

BUSINESS NAME	
REGISTRATION NUMBER	PAN NUMBER (Must provide copy)
DATE OF INCORPORATION/ORGANISATION (mm/dd/yyyy)	
PHONE	CELL PHONE (required)
EMAIL ADDRESS	
BILLING ADDRESS (Must provide copy of Ration Card/Driving License/Voters ID)	
CITY	STATE ZIP CODE
SHIPPING ADDRESS (if different from mailing address)	
CITY	STATE ZIP CODE

### PRINCIPAL/PARTNER INFORMATION

LAST NAME	FIRST	MIDDLE INITIAL
PAN NUMBER (Must provide copy)		TITLE
DATE OF BIRTH (mm/dd/yyyy)		SIGNATURE
LAST NAME	FIRST	MIDDLE INITIAL
PAN NUMBER (Must provide copy)		TITLE
DATE OF BIRTH (mm/dd/yyyy)		SIGNATURE
LAST NAME	FIRST	MIDDLE INITIAL
PAN NUMBER (Must provide copy)		TITLE
DATE OF BIRTH (mm/dd/yyyy)		SIGNATURE

The following persons must complete the Principal/Partner Information: 1) if a company, all shareholders, directors, and officers; 2) if a partnership, all managing, general and limited partners. Include additional pages if necessary.

\* Sole proprietors may list their PAN number.

### SPONSOR INFORMATION

SPONSOR'S NAME	PHONE	SPONSOR'S ID NUMBER
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### PLACEMENT INFORMATION

PLACEMENT NAME	PLACEMENT ID NUMBER
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CHOOSE ONE  
(Required)

 L

 R

If the placement you've requested has been taken, you will be placed in the next available position on the leg you have indicated above.

### VIRTUAL OFFICE (TEMPORARY) PASSWORD\*

\* Allows you to access your Virtual Office upon registration. When you log in, you may change the temporary password.

**IMPORTANT NOTICE:** MonaVie Distributors are prohibited from listing, marketing, advertising, promoting, discussing, or selling any MonaVie product, service, or the business opportunity on any website or online forum that offers auction as a mode of selling (e.g., eBay, Amazon). Please refer to Section 4.4.2 of our Distributor Policies and Procedures for complete details. By signing below, you acknowledge receipt of this formal warning. Those found to be in violation of this policy are subject to penalties without further notice, up to and including termination of their MonaVie Distributor account.

By checking this box, I agree that I have read MonaVie's online sales policy as described, and will comply with the same. I understand that failure to abide by this policy may result in penalties without further notice, up to and including termination of my MonaVie Distributor account.

### ACKNOWLEDGEMENT

I understand that there is no membership fee to become a MonaVie Distributor. I also understand that one of the major business tools in conducting MonaVie related business is the Distributor Kit, which contains DVDs, Audio CDs, and booklets related to building a successful MonaVie business. The Distributor Kit cost is Rs 800.00. Any product purchased in connection with becoming a distributor is optional. I authorise MonaVie to be entitled to all services MonaVie provides related to the payment method provided for my initial order. I have read and agree to the Terms and Conditions herein and have read and agree to the Policies and Procedures and agree to be bound by them. The Policies and Procedures are fully incorporated into this agreement by reference.

X	signature	date	X	signature	date
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# MONA·VIE

LAST NAME (please print)	FIRST	MIDDLE INITIAL	DISTRIBUTOR ID NO. (if known)
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## INITIAL ORDER

Your initial order can differ from your AutoShip order. Simply enter the items you wish to receive on your initial order here.

ITEM NO.	QTY.	PRODUCT NAME	PV	WHOLESALE PRICE
1504252401	1	Distributor Kit*	0	Rs. 800.00
			TOTAL†	

\* Distributor Kit is automatically waived when 100 PV of product is purchased with initial order.

† Total does not include applicable octroi or entry taxes.

VISA    MASTERCARD    AMEX

CREDIT CARD NUMBER		CVV/CID CODE†	EXPIRATION DATE
NAME (as shown on card)		SIGNATURE OF CARDHOLDER‡	
DATE			
BILLING ADDRESS	CITY	STATE	ZIP CODE
SHIPPING ADDRESS (if different from billing address)	CITY	STATE	ZIP CODE

† This is the 3 digit number found on the back of the credit card or the four-digit number on the front of your American Express card.

‡ I certify that this signature is mine and that I am the cardholder named herein. I authorize MonaVie to charge my card for the initial order.

## BANK DETAILS

NAME(S) ON ACCOUNT	ACCOUNT NUMBER
BANK NAME	BANK ROUTING NUMBER
BANK ADDRESS (optional)	PLEASE ATTACH VOIDED CHECK TO THIS FORM (check must be preprinted with your name)

## AUTOSHIP PROGRAM

This optional, stress-free program allows you to establish a recurring order with MonaVie. Your product will be delivered to you every 28 days at the wholesale price. Your first AutoShip order will be shipped and billed 22–28 days from your initial order. Subsequent AutoShip orders will be shipped and billed on a 28 day rolling cycle. Any change to your AutoShip order must be submitted to the company not less than three business days prior to your next AutoShip order.

ITEM NO.	QTY.	PRODUCT NAME	PV	WHOLESALE PRICE
			TOTAL*	

\* Total does not include applicable tax and shipping.

<input type="checkbox"/> (ECS) Electronic Clearing System transfer from my/our bank account	
MonaVie is hereby authorised (until otherwise instructed) to deduct the amount of my monthly AutoShip order by electronically transferring the funds (ECS transfer) from my/our bank account.	
NAME(S) ON ACCOUNT	ACCOUNT NUMBER
BANK NAME	BANK ROUTING NUMBER
BANK ADDRESS (optional)	PLEASE ATTACH VOIDED CHECK TO THIS FORM (check must be preprinted with your name)
SIGNATURE ON ACCOUNT <b>X</b>	

## AUTOSHIP DELIVERY INFORMATION SAME AS INITIAL ORDER   PICKUP CENTER (if available)   OR   FILL IN BELOW

NAME			
ADDRESS	CITY	STATE	ZIP CODE