

**New Team Member Application's Contact Information**

Name (First Name, Last Name)

Tax ID / Company ID

Co-applicant / Spouse Name (First Name, Last Name)

Contact / Mobile Phone

Shipping Address

Fax

City State / Province Postal Code

Email

DAY / MONTH / YEAR  
Date of Birth (dd/mm/yyyy)

**SPONSOR USE ONLY**

Sponsor's ID / Sponsor's Name / Placement ID / Placement Name  2Left  2Right  3Left  3Right

**Initial Order**

Select one of the following:

QUANTITY: (enter number in box)

- Personal Pack (4 boxes)
- Executive Level (16 boxes)

AgelCore	AgelActive	AgelThrive	AgelBody
<input type="text"/> EXO <input type="text"/> MIN <input type="text"/> UMI	<input type="text"/> OHM <input type="text"/> PRO <input type="text"/> FIT <small>Chocolate or Strawberry Banana</small>	<input type="text"/> FLX <input type="text"/> HRT <input type="text"/> GRN	<input type="text"/> Ageless <input type="text"/> GLO <small>Every order counts as four (4) boxes</small>

**Autoship Program (per month)**

Monthly Autoship date:  1st  5th  10th

- 2 boxes + shipping
- 4 boxes + FREE SHIPPING (4 Plan)
- 5 boxes and more + FREE SHIPPING

AgelCore	AgelActive	AgelThrive	AgelBody
<input type="text"/> EXO <input type="text"/> MIN <input type="text"/> UMI	<input type="text"/> OHM <input type="text"/> PRO <input type="text"/> FIT <small>Chocolate or Strawberry Banana</small>	<input type="text"/> FLX <input type="text"/> HRT <input type="text"/> GRN	<input type="text"/> Ageless <input type="text"/> GLO <small>Every order counts as four (4) boxes</small>

**Payment Information**

Payment type:  VISA  Mastercard  AMEX

Cardholder name Expires (mm/yyyy)

Card Number Security Code

Billing Address

City State / Province Postal Code

Cardholder signature:

I hereby authorize Agel Enterprises LLC to receive payment via my credit card for the cost of my initial product orders as well as any and all of my future product orders. Agel is authorized to withdraw payment equal only to the amount of the products that I order, plus applicable sales taxes and shipping and handling; or the amount of the Autoship order I have established and sales taxes, shipping and handling. By signing below I agree that I have read and understand the above enrollment form.

Applicant's signature Date

Co-applicant signature Date

(NOTE: All commissions are paid by check to the applicant)  
\* All prices may vary and are subject to change.