



AGEL TEAM MEMBER APPLICATION

FIRST NAME	LAST NAME
BUSINESS NAME (IF APPLICABLE)	
BILLING ADDRESS (FOR CREDIT CARD)	
STREET _____	
CITY _____	STATE _____ ZIP _____ COUNTRY _____
SHIP TO ADDRESS (IF DIFFERENT)	
STREET _____	
CITY _____	STATE _____ ZIP _____ COUNTRY _____
SSN # or TAX ID #	PHONE
ENROLLMENT: MEMBERSHIP \$35 <input type="checkbox"/> EXECUTIVE KIT \$1000 <input type="checkbox"/> PERSONAL PACK \$250 <i>(Sales tax & shipping costs will be added)</i>	CELL PHONE
	E-MAIL
	USER ID
	PASSWORD <i>(7 digits – must contain at least 1 capital letter & at least 1 number)</i>
MONTHLY AUTOSHIP DATE: <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AE <input type="checkbox"/> DISC CREDIT CARD #
ACTIVATION AUTOSHIP	EXP DATE
BUSINESS IN A BOX _____	CID (SECURITY CODE)
AGELESS <i>(Full Size Kit = 4 boxes)</i> _____	SIGNATURE
EXO _____	
FIT _____	
FLX _____	
GLO _____	
GRN _____	
HRT _____	
MIN _____	
OHM _____	
UMI _____	
RECOMMENDED BUSINESS BUILDING RESOURCES: www.AgelBusinessTools.com 1-800-340-9940 PRESIDENT'S CLUB PACK _____ STARTER PACK _____ www.GelFreedom.com Get your own website to build your Agel business fast!	