



# Independent Distributor Application And Agreement

Please print in black ink

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18563 E Gale Ave., City of Industry, CA 91748 Tel: (626) 839-6657 Fax: 1-888-ENEFFUL(363-3385) / 888-848-9188 www.neffulusa.com

## INDEPENDENT CONSULTANT INFORMATION

Applicant Social Security Number \_\_\_\_\_ Birth Date: (MM/DD/YY) \_\_\_\_\_ Male  Female

Applicant Legal Last Name (No company name accepted) \_\_\_\_\_ Applicant Legal First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address, Street Number & Name \_\_\_\_\_ Apt. No. / Ste. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

## SPONSOR INFORMATION Once filled out, no changes can be made

Sponsor ID# 2 9 7 4 8 0 Daytime Phone Number 7 6 0 - 3 6 3 - 3 3 3 1

Sponsor Last Name Turner Sponsor First Name Miriam M.I. \_\_\_\_\_

## COMMISSION PAYOUT METHOD In order to receive commission, distributors must qualify for 20PV every month.

EFT (Direct Deposit) You must attach a voided check No processing fee  Check \$1.00 processing fee for each check  
Account Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Type:  Checking  Saving

## DISTRIBUTOR KIT SHIPPING INFORMATION (If the shipping address is in an unincorporated zone, please send in Sales Tax information with the application)

Shipping Address (if different than above) No P.O Box  
Street Number & Name \_\_\_\_\_ Apt. No. / Ste. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Pick Up At Nefful By \_\_\_\_\_

## DISTRIBUTORSHIP FEE PAYMENT METHOD Distributorship fee is \$40.00 (Free shipping for distributor kit, plus applicable sales tax)

Visa/MC/Discover  Cash (Pick Up Only)  Check (Please send )  
Credit Card Number \_\_\_\_\_  
Name on Credit Card \_\_\_\_\_

I hereby acknowledge that I have read the Agreement on the reverse page and I also agree that I will abide with all of Nefful USA Policies and Procedures stated in this Agreement and in the Nefful USA Consultant Booklet. **Applicants must be the age of majority in the state in which they distribute Nefful products & service.**

Exp.Date: (MM/YY) \_\_\_\_\_ \$ Total Amount Due \_\_\_\_\_ CVV \_\_\_\_\_

\* I certify under the penalty of perjury the above is true and correct.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Cardholder Signature Applicant Signature