DIRECT AND PREFERRED CUSTOMER APPLICATION

APPLICANT INFORMATION

There are (2) two types of Kyäni Customers - Please Select One

☐ **Direct Customer** - Order what you want, when you want at Retail Prices

☐ **Preferred Customer** - Save up to 10% off Retail Prices by agreeing to a minimum monthly purchase (Autoship) of $64PV.

If your Direct or Preferred Customer Agreement will be owned by a Corporation, Partnership or Trust, or will be operated under an assumed name, you must complete a Kyäni Business Entity Registration Form and submit it with this Application and Agreement.

First Name | Last Name | Date of Birth

**Home Phone | Cell Phone | Work Phone

Fax | Email Address

Shipping Address

City | State/Province | Zip/Postal

Billing Address

City | State/Province | Zip/Postal

SPONSOR INFORMATION

Sponsor First Name | M.I. | Last Name

Sponsor Phone | Sponsor Phone *(Optional)* | Distributor ID#

ORDER INFORMATION

Item	Product Description	Direct	Preferred	Savings	Qty
Triangle Pack	(1) 30oz Sunrise, (1) 90ct Sunset and (1) 56ml NitroFX	$140.00 USD	$130.00 USD	$10.00 USD	
Triangle Plus Pack	(1) 30oz Sunrise, (1) 90ct Sunset, (1) 56ml NitroFX and (1) 30pk of 1oz Sunrise	$190.00 USD	$171.00 USD	$19.00 USD	
Health Pack	(2) 30oz Sunrise and (2) 90ct Sunset	$160.00 USD	$144.00 USD	$16.00 USD	
30oz Sunrise	(1) 30oz Sunrise	$40.00 USD	$36.00 USD	$4.00 USD	
90ct Sunset	(1) 90ct Sunset	$40.00 USD	$36.00 USD	$4.00 USD	
56ml NitroFX	(1) 56ml NitroFX	$62.00 USD	$59.00 USD	$3.00 USD	
.5oz NitroFX 8pk	(1) .5oz NitroFX 8pk Travel Size Bottles	$140.00 USD	$130.00 USD	$10.00 USD	
56 ml NitroXtreme	(1) 56 ml NitroXtreme	$80.00 USD	$73.00 USD	$7.00 USD	
.5 oz NitroXtreme	(1) .5 oz NitroXtreme 8pk Travel Size Bottles	$165.00 USD	$150.00 USD	$15.00 USD	

Choose your Autoship Order- This order will Automatically be shipped to you each month.

☐ Enroll me as a Preferred Customer and send me the following Autoship Order monthly.

At Kyäni we are so confident in the Quality of our Products we offer a **30 Day Money Back Guarantee** on our products.

I understand that this Agreement will remain in effect until I cancel by send in writing, my cancellation of this Agreement to Kyäni, Inc., at 1070 River Walk Dr. Suite 350, Idaho Falls, Idaho 83402, or by fax to (208) 529-9873. The products I purchase are for my own use and I agree that I will not resell any Kyäni products unless I am also a Kyäni Distributor (Notice must include your signature, printed name, address, and Direct or Preferred Customer Number).

PAYMENT INFORMATION

Primary Form of Payment

☐ Visa ☐ Amex

☐ MasterCard ☐ Discover

Number of Card | Security Code | Exp. Date (MO/YR)

Card Holder Name (As it appears on card)

Card Holder Billing Address (Where you receive your monthly statement)

City | State/Province | Zip/Postal

LEGAL INFORMATION

This Application is subject to approval by Kyäni, Inc. and is not binding until the Applicant is approved by the company. If approved, Applicant agrees to be bound by all terms and conditions of the Kyäni Customer Agreement as currently in effect or amended from time to time. You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction

Signature | *Date*

I understand that upon approval of this application the credit card information above will be charged for the cost of the options I have selected on this form.