INDEPENDENT DISTRIBUTOR APPLICATION

☐ **$299 Product Pack**
***QV 150 - CV 100* Includes:**

- Starter Packet
- 1 - 30oz Sunrise
- 1 - 90ct Sunset
- 8 - 15ml NitroFX
- 8 - 15ml Nitro Xtreme
- 2 - 7 Day Trial Pack
- 30 Days of Webtools

☐ **$499 Business Builder Pack**
***QV 200 - CV 150* Pack Includes:**

- Starter Packet
- 1 - 30oz Sunrise
- 1 - 90ct Sunset
- 1 - 56ml NitroFX
- 30 - 1oz Sunrise
- 8 - 15ml NitroFX
- 8 - 15ml Nitro Xtreme
- 5 - 7 Day Trial Packs
- 25 - Sunrise Brochures
- 25 - Sunset Brochures
- 25 - NitroFX Brochures
- 1 Year of Webtools

☐ **$999 Premium Builder Pack**
***QV 400 - CV 300* Pack Includes:**

- Starter Packet
- 2 - 30oz Sunrise
- 2 - 90ct Sunset
- 2 - 56ml NitroFX
- 16 - 15ml NitroFX
- 2 - 56ml Nitro Xtreme
- 16 - 15ml Nitro Xtreme
- 60 - 1oz Sunrise
- 15 - 7 Day Trial Packs
- 25 - Sunrise Brochures
- 25 - Sunset Borchures
- 25 - NitroFX Brochures
- 25 - Triangle Brochures
- $50 Conv. Ticket Coupon
- 1 Year of Webtools

APPLICANT/PAYMENT INFORMATION

First Name | Last Name

Company | TAX ID# | Social Security # ___ – ___ – ____

Date of Birth ___ / ___ / ____ | Home Phone (___) ___ – ____ | Cell Phone (___) ___ – ____

Fax (___) ___ – ____ | Email Address

Shipping Address

City | State/Province | Zip/Postal

Billing Address

City | State/Province | Zip/Postal

Extension Name for Replicated Site (**yoursitehere**.kayni.net)

☐ VISA ☐ AMEX ☐ MC ☐ DISC | Credit Card # | EXP. Date MM/YYYY ___ / ____ | CVV

SPONSOR INFORMATION

Sponsor First Name | M.I. | Last Name

Sponsor Phone (___) ___ – ____ | Sponsor Phone *(Optional)* (___) ___ – ____ | Distributor ID#

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 Distributor Agreement and the company Policies and Procedures as currently in effect or amended from time to time. Applicant may withdraw this Application for a period of fourteen days from the date hereof by sending written notification of the withdrawal to the company at 1070 Riverwalk Dr. Ste 350, Idaho Falls, ID 83402

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.