NAME / ADDRESS CHANGE FORM

Date: / /

BEFORE CHANGE	
Customer ID:	
Name:	
Address:	**Phone Number:** ( ) -

AFTER CHANGE		
Customer ID:	**Same as Before**	**D/L Number :**
Name:		**Date of Birth :**
Address:		**E-mail:**
		Phone : ( ) -

Reason for change:	

Please verify that all information on this request is correct and current. Any request with erroneous information will be reiected.

Applicant: The individual listed above as the customer after the change (the successor) agrees to take over all responsibilities, such as tax liabilities on the commissions paid to date, and any other legal obligations. 1099's will be issued only to the successor.

Applicant's Signature:

I hereby declare that I am the applicant and I am responsible for any outstanding balance left on this account.

☆All name changes must approved by your direct 6A	
Name of 6A:	
6A's Distributor ID:	

All NAME changes require a $50 payment for processing

VISA M/C AMEX DISC

CC NUMBER EXP CVV

CC HOLDER'S NAME SIGNATURE

Signature of OLD Applicant :	ID number of 6A :
Signature of NEW Applicant :	Signature of 6A :

※Important!!! Name change must done within his or her family. You are not allow to transfer distributorship to anyother person. Also, please do not forget to provide a W-9 form Copy of Drivers License from transfered person.