

CHANGE OF ADDRESS/NAME APPLICATION

Please type directly into this form

Date: / /

BEFORE CHANGE	
Customer ID:	Distributor Level: A
Name:	
Address:	Phone Number: () -

AFTER CHANGE	
Customer ID:	Distributor Level: A
Name:	
Address:	Phone Number: () -

Reason for change:

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

Applicant: The individual listed above as the customer before change or after change and is responsible for the outstanding balance on this account (due whether to outstanding debt or cancellation of product purchase).

Name:

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

Approved by: (Must be approved by 6A or 6A2)	Distributor Level: 6A
(6A or 6A2's) ID:	

Signature of Applicant

Signature of 6A or 6A2