

NAME / ADDRESS CHANGE FORM



Date: / /

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

AFTER CHANGE	
Distributor ID: ----- Same as before -----	
D/L #:	Date of Birth:
Name:	E-mail:
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. **No name changes will be allowed for client with existing levies.**

*All name changes must be acknowledged by the sponsor.	
Name of Sponsor:	Sponsor 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 Sponsor:
Signature of NEW Applicant:	Signature of Sponsor:

Important!!! Name change must be done within his or her family. You are not allowed to transfer a distributorship to any other person. Also, please do not forget to provide a W-9 form and a copy of the Drivers License from the new transferee.