

PLACEMENT CHANGE REQUEST

CHECKLIST & PAYMENT

102 S. 200 E. Suite 610 • Salt Lake City, UT 84111 • Phone: (801) 316-6380 • Fax: (801) 727-2575

www.max.com

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INFORMATION REGARDING CHANGE (PLEASE CHECK THE APPROPRIATE BOX)

- Yes No Has the Associate been moved previously?
- Yes No Is the Associate also changing sponsor? *(If yes, you must submit a Sponsor Change Request Form)*
- Yes No Are the Associate's personally enrolled members moving as well?
(If yes, each Associate being moved must submit a Placement Change Request Form)
- Yes No Does the Associate have at least 1 associate on each leg?
(If yes, each associate within the downline to be moved must submit a Placement Change Request Form)

PLACEMENT CHANGE CHECKLIST

The following completed items must be submitted before your placement change can be processed:

- Completed Placement Change Request form, with all upline signatures.
- A signed copy of the Max International Associate Application (Please fill out completely).
- Payment information for \$100 USD Processing fee.

ASSOCIATE TO BE MOVED

Name	Associate ID	Date
Email	Phone	

PAYMENT INFORMATION

Associate to Bill	Associate ID		
(check one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
Credit Card Number	Expiration Date	Card Security Code	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name (as shown on card)	Billing Address:		
City	State / Province	Zip / Postal Code	Country

I hereby authorize Max International to charge the above credit card in the amount of \$100 USD.

Signature _____

PLACEMENT CHANGE REQUEST

SIGNATURE PAGE

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The following change is being requested, pending proper authorization and approval by the Max International ("Max") Compliance Department, according to current Max Policies and Procedures. By signing below, each individual agrees to this change and is representing that such individual is authorized to sign on behalf of the individual or entity indicated. This change may affect commissions and/or qualifications. All parties required to sign the form agree to the change and to the consequences of this change. Max International does not agree to make all requested changes by accepting this form. Please allow 10-20 business days for processing.

ASSOCIATE TO BE MOVED

Name ID Phone

PLACEMENT CHANGE REQUESTED

Current Direct Binary Upline Name	Current Direct Binary Associate ID	<input type="checkbox"/> Left Leg <input type="checkbox"/> Right Leg
Requested Direct Binary Upline Name	Requested Direct Binary Upline Associate ID	<input type="checkbox"/> Left Leg <input type="checkbox"/> Right Leg

REASON FOR CHANGE

PLACEMENT CHANGE UPLINE AUTHORIZATION

Associate Being Moved

Name ID Phone

Signature Date

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Enrollment Upline First Level

Name ID Phone

Signature Date

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Enrollment Upline Second Level

Name ID Phone

Signature Date

OFFICE USE ONLY

Enrollment Upline Third Level

Name ID Phone

Signature Date

OFFICE USE ONLY

Enrollment Upline Fourth Level

Name ID Phone

Signature Date

OFFICE USE ONLY

Enrollment Upline Fifth Level

Name ID Phone

Signature Date

OFFICE USE ONLY

Enrollment Upline Sixth Level

Name ID Phone

Signature Date

OFFICE USE ONLY
