

# SELLING/TRANSFERRING OWNERSHIP



**MAX INTERNATIONAL**  
THE GLUTATHIONE COMPANY™

68 South Main Street 9th floor, Salt Lake City UT 84101 • Phone (801) 316 6380

## CURRENT POSITION HOLDER Individual/Sole Proprietor Joint Applicants \*Partnership \*Corporation

Last Name (please print)	First	Middle Initial	Business Name (if different from applicant)	Social Security / EIN #
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Phone #	Cell #	Fax #	Email Address
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Mailing Address	Shipping Address (if different from mailing address)
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City	State/Province	Zip/Postal Code	Country	City	State/Province	Zip/Postal Code	Country
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ID Number: \_\_\_\_\_

Signature of Agreement Transfer of Ownership to Future Position Holder \_\_\_\_\_ Date \_\_\_\_\_

**SWORN AND SUBSCRIBED** before me on the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature \_\_\_\_\_

Notary Public's Printed Name, State \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

SEAL

## FUTURE POSITION HOLDER Individual/Sole Proprietor Joint Applicants \*Partnership \*Corporation

Future Position Holder is required to sign and complete an associate application

Last Name (please print)	First	Middle Initial	Business Name (if different from applicant)	Social Security / EIN #
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Phone #	Cell #	Fax #	Email Address
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Mailing Address	Shipping Address (if different from mailing address)
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City	State/Province	Zip/Postal Code	Country	City	State/Province	Zip/Postal Code	Country
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Notary Public Signature \_\_\_\_\_

Notary Public's Printed Name, State \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

SEAL

## PAYMENT (please print)

I authorize the \$150 USD Selling or Transferring a Distributorship fee. I have read the terms and conditions within this document and I am familiar with the MAX policies and procedures. I hereby agree to be bound by the terms and conditions, which by reference are fully incorporated into this agreement. I certify that I am the age of majority and am legally able to enter into this contract. I have read and agree to the MAX policies and procedures and agree to the terms of confidentiality contained therein. Under penalties of perjury, I the payee's TIN is correct, the payee is not subject to backup withholding due to failure to report interest and dividend income, and the payee is a U.S. person.

Credit Card #	Expiration Date
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Name (as shown on card)	Billing Address
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City	State/Province	Zip/Postal Code	Country
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Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

Any Max Associate has the right to cancel this contract at any time for any reason. All cancellations must be submitted in writing.  
\*Business Entity Registration Form must be filled out and submitted.