

# ASSOCIATE APPLICATION



MAX INTERNATIONAL  
THE GLUTATHIONE COMPANY™

68 South Main Street 9th floor, Salt Lake City UT 84101 • Phone (801) 316 6380 • Fax (801) 727-2575

## APPLICANT INFORMATION

Name / Company Name \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Name under which business is conducted, if different (e.g., "XYZ Enterprises" or "The Supplement Shop"):  
\_\_\_\_\_

Social Security or Federal Tax ID Number:  
\_\_\_\_\_

Address  
\_\_\_\_\_

City, State / Zip / Postal Code  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email  
\_\_\_\_\_

## SPONSOR INFORMATION

Name  
\_\_\_\_\_

Associate ID #  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email  
\_\_\_\_\_

Sponsor's Signature  
\_\_\_\_\_

By signing this Application and Agreement, I agree to fulfill the obligations as the Sponsor of the Applicant as described in the Max Policies and Procedures. I certify that I have provided the most current version of the Max Policies and Procedures and Compensation Plan to the Applicant prior to his/her signing the Agreement.

### INITIAL ORDER

Description	Price
<input checked="" type="checkbox"/> BUSINESS ACTIVATION FEE	\$25
<b>TOTAL \$</b> _____	Plus shipping, handling and applicable sales tax.

### APPLICANT GENEALOGY PLACEMENT

(to be filled out by Sponsor)

Place Applicant on my (mark one)  Outside Left Side  Outside Right Side

Or for custom placement, fill out the fields below.

Direct Upline ID# \_\_\_\_\_ \*  Left Side  Right Side

\*If the specified position is already occupied by another associate, the Applicant will be placed in the next available position on the side selected.

Corporations, Partnerships, Trusts and other Business Organizations:  
If your business will be operated as a business entity (other than a sole proprietorship), you must complete a Business Entity Application and Agreement and submit it with this Application and Agreement.

### AUTOSHIP ORDER (OPTIONAL)

Choose Day of the Month to Start 1<sup>st</sup>-25<sup>th</sup> \_\_\_\_\_

Product	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Loyalty †	Qty

\* Plus any applicable shipping, tax, and handling. See AutoShip Terms & Conditions.  
† AutoShip Loyalty program requires a 3 month commitment with a penalty upon cancellation.

### AUTOMATIC ANNUAL RENEWAL (OPTIONAL)

You must renew your Max Associate agreement on each anniversary date of your agreement. If you do not renew on each anniversary date your Associate agreement will be cancelled and you will lose all rights as a Max Associate, including rights to future compensation. So that you do not inadvertently forget to renew and lose these benefits, Max International offers an optional automatic renewal program. Your Associate agreement will automatically be renewed on each anniversary date and your renewal fees will be charged to your credit card. You will be notified at least 30 days before your credit card is charged.

YES, please automatically renew my Associate agreement for \$25 on each anniversary date of my enrollment, and charge my renewal fee to my credit card.

NO, I do not wish to participate in the automatic renewal program. I understand that it is my responsibility to renew my agreement on or before each anniversary date.

### PAYMENT INFORMATION

(please print) (Participation in AutoShip requires payment by Credit Card)

(check one)  Visa  Mastercard  AMEX  DISCOVER

\_\_\_\_\_  
Credit Card Number

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

\_\_\_\_\_  
Card Security Code

Name (as shown on card) \_\_\_\_\_ Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State / Province \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_

I HAVE CAREFULLY READ THE TERMS AND CONDITIONS OF THIS APPLICATION AND AGREEMENT, THE MAX INTERNATIONAL POLICIES AND PROCEDURES, AND THE MAX COMPENSATION PLAN, AND AGREE TO ABIDE BY ALL TERMS SET FORTH IN THESE DOCUMENTS. I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY MAX INDEPENDENT BUSINESS AT ANY TIME, WITH OR WITHOUT REASON, BY SENDING WRITTEN NOTICE TO THE COMPANY AT THE ABOVE LISTED ADDRESS. (I CERTIFY THAT MY SOCIAL SECURITY NUMBER OR TAX ID IS CORRECT, THAT I AM NOT SUBJECT TO BACKUP WITHHOLDING DUE TO FAILURE TO REPORT INTEREST AND DIVIDEND INCOME AND THAT THE STATEMENT CONTAINED IN SECTION 19 OF THE ATTACHED TERMS AND CONDITIONS IS CORRECT.)

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE REVERSE SIDE OF THIS FORM FOR AN EXPLANATION OF THIS RIGHT.

Buyer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail the completed signed original of this Application and Agreement to: 68 South Main Street 9th floor, Salt Lake City UT 84101. If applications faxed, you must fax ALL the pages of the application. If a Business Entity Application and Agreement is also required, please submit that agreement as specified in the directions given on that form.