

# SPONSOR CHANGE REQUEST



**MAX INTERNATIONAL**  
THE GLUTATHIONE COMPANY™

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

## CHECKLIST & PAYMENT

OFFICE USE  
ONLY

### INFORMATION REGARDING CHANGE (PLEASE CHECK THE APPROPRIATE BOX)

Yes  No Has the Associate been moved previously?

Yes  No Is the Associate also changing Placement? *(If yes, you must submit a Placement Change Request Form)*

### SPONSOR CHANGE CHECKLIST

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

- Completed Sponsor 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 CHANGED

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"/> <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 \_\_\_\_\_

# SPONSOR CHANGE REQUEST

SIGNATURE PAGE

OFFICE USE ONLY

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

### SPONSOR CHANGE REQUESTED

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

### REASON FOR CHANGE

### SPONSOR CHANGE UPLINE AUTHORIZATION

#### Associate Being Moved

Name ID Phone

Signature Date

OFFICE USE ONLY

### Enrollment Upline First Level

Name ID Phone

Signature Date

OFFICE USE ONLY

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**Enrollment Upline Second Level**

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Name ID Phone

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Signature Date

OFFICE USE ONLY

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**Enrollment Upline Third Level**

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Name ID Phone

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Signature Date

OFFICE USE ONLY

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**Enrollment Upline Fourth Level**

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Name ID Phone

---

Signature Date

OFFICE USE ONLY

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**Enrollment Upline Fifth Level**

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Name ID Phone

---

Signature Date

OFFICE USE ONLY

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**Enrollment Upline Sixth Level**

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Name ID Phone

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Signature Date

OFFICE USE ONLY

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