

Independent Distributor Application Form

Tel: (626) 851-9988 Fax: (626) 960-1770

Independent Distributor Information:

Name (First) (Middle) (Last) Social Security No.

Mailing Address

City State Zip Code

Shipping Address: (If different from your mailing address)

City State Zip Code

Home Phone Business Phone

Fax No. E-mail Address

Please select one center below:

_____ Single Business Center (One Center) _____ Triple Business Center (Three Centers)

Sponsor Information:

Sponsor Name Amkey ID No.

Contact Phone No. E-Mail Address

Independent Distributor Information:

Payment Method:

1. Credit Card (Recommended)
Name on card: _____ Credit Card No.: _____
Card Type: _____ Exp. Date: _____
Signature: _____
2. Money Order or Cashiers Check
3. Check (Distributorship will be effective immediately after the check has cleared from personal bank account. Any check returned for insufficient funds will be subject to a penalty fee of \$25.00).*

*You can make the Money Order, Cashiers Check or personal Check payable to, Amkey Inc., and mail to: 12801 Schabarum Ave., Irwindale, CA 91706 U.S.A.

Taxpayer Information:

Name (First) (Middle) (Last) Social Security No.

Under penalty of perjury, I certify that: The number above is my correct Taxpayer ID number. I am not subject to backup withholdings or I have not been notified by the IRS that I am subject to back-up withholdings, as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to back-up withholdings. You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of the transaction. Please refer to the company's Policies and Procedures online.

I agree to the above indicated information and I acknowledge that I have read, understand and agree to the terms set forth in the company's Policies and Procedures online.

Signature Date

Approved by Date

For Office Use Only

Date _____ Accepted By _____ Amkey Code _____