



Sponsor Details

Sponsor BA Name	BA ID Number	Sponsor Email
Placement Center BC 001-007: _____ (Ensure BC is active)		Position: <input type="checkbox"/> Left <input type="checkbox"/> Right

New Business Associate Details

Full Name		Social Security or EIN Number
Address		City
State/Province	Zip/Postal Code	Mobile Number
Country		Home Phone Number
Email		Date of Birth

Choose BA Name

<i>This will be your website name:</i> www.eamega.com/BAName	1st Choice	2nd Choice	3rd Choice
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Initial Order

CODE	NAME	QTY	AMOUNT
ADK1001	Amega Distributor Kit	1	\$49
<input type="checkbox"/> Ship To: (if different than above) To: _____ Address: _____ City: _____ State/Prov.: _____ Zip/Postal Code _____ Email: _____ Shipping Contact Phone: () _____		S&H (To Be Calculated) <input type="checkbox"/> Will Call Tax Total Initial Purchase	

Auto-Ship Order*

CODE	NAME	QTY	AMOUNT
<input type="checkbox"/> Currently, AMGeneX DNA and Brine are the only two products available for Auto-Ship <input type="checkbox"/> Amega Worldwide Inc. is hereby authorized (until otherwise instructed) to deduct the amount of my monthly Auto-Ship order from my payment information herein each month. Auto-Ship orders must be paid with Credit Card. <input type="checkbox"/> Send order immediately and then send every month on the <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th week of every month.		S&H (To Be Calculated) <input type="checkbox"/> Will Call Tax Total Auto-Ship Purchase	

Payment Details

Full Name: (As appears on Credit Card or Check)	Payment Type: <input type="checkbox"/> CHECK <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	
<input type="checkbox"/> Credit Card Number	Card Expiration	Card CVV Code
_____	m m y y	_____
<input type="checkbox"/> I have read and agree to all Amega Policies and Procedures and certify that my signature below authorizes Amega Worldwide to charge my credit card for the order above. I understand and agree that my order total will be adjusted to reflect appropriate shipping, handling and sales taxes if I have not entered them correctly.		
Signature: _____		Date: _____

For office use:	Remarks: (BA)