



Xango Quick Application

Info for On-line Enrollment

Office Use Only

Sponsor ID# _____
 Placement ID# _____
 New Distributors ID# _____



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Info for On-line Enrollment

Office Use Only

Sponsor ID# _____
 Placement ID# _____
 New Distributors ID# _____

Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____

Shipping Address: _____
 City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
 Email: _____
 SSN: _____ Password (6): _____

\$35 Membership allows you to purchase at wholesale price: \$100 per case.

Visa Mastercard Discover AmerEx

Credit Card Number: _____ Exp Date: _____
 Name on Card: _____

I would like an initial order of:
 _____ Cases (One case= 4 bottles)

I would like to receive:
 _____ Cases monthly, which will be delivered on approximately the 20th
 of each month. * I am aware that I can stop of change this monthly delivery at anytime
 by contacting the company.

*Your official application will come with your first order.
 Fill it out immediately, sign it and fax or mail it to the company.*

Signature: _____

Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____

Shipping Address: _____
 City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
 Email: _____
 SSN: _____ Password (6): _____

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