

Associate Preferred Customer

Please Print Clearly and Mail Completed Form To:

Natural Choice Products
109 Cooperative Way #101
Kalispell, MT 59901
Phone: (406) 257-9117
Fax: (406) 257-9148
Toll Free: 800-626-5143

Web Site: www.1inhealth.com e-mail: ncp@digisys.net



Preferred Customer/Associate Application and Agreement

Date _____

Original Must be Received By Natural Choice Products Within 30 Days of Enrollment

Preferred Customer/Associate Name (Last, First, Middle Initial) _____

Social Security Number , **Associates Only** _____

Co-Preferred Customer/Co-Associate Name (Last, First, Middle Initial) _____

Social Security Number , **Associates Only** _____

() _____
Phone Number

() _____
Work Number

() _____
Fax Number

Date of Birth

Company/Partnership/Corporation Name

Name Company/Partnership/Corporation _____

Federal Tax ID# _____

Office Number _____

Contact Name _____

Title _____

Fax Number _____

Natural Choice Products does not assume responsibility for the legality of the partnership or corporation listed above. Registration and tax requirements, local, county, state, and federal, are the responsibility of the above. The signatories agree that this form is an addendum to and a part of the Associates Application and Agreement.

Address Information

Mailing Address _____

City, State, Zip/Postal Code _____

Shipping Address _____

City, State, Zip/Postal Code _____

E-mail Address _____

Preferred Customers Only: I certify that the above information is complete and accurate.

Preferred Customer Signature _____

Co-Preferred Customer Signature _____

Associates Only: Acceptance of this application will allow me (us) to sell Natural Choice Products and sponsor other persons into the Natural Choice Products Program. I (we) certify that the above information is complete and accurate. By my (our) signature(s) below, I (we) acknowledge having read and understanding the Agreement, set forth on the back of this application. I (we) hereby agree to abide by said agreement.

Associates Signature _____

Co-Associates Signature _____

Enroller/Placement Information

Sponsor/Placement Information

Enrollers Name (Last, First, Middle) _____

Sponsors Name (Last, First, Middle) _____

ID # _____

Enrollers ID Number _____
() _____
Enrollers Phone Number

Sponsors Signature _____
() _____
Sponsors Phone Number

For Internal Use Only

Data Entry: Date-___/___/___ By: _____

ID # Assigned: Date-___/___/___ Number: _____

White Copy: Natural Choice Products

Yellow Copy: Sponsor

Pink Copy: Applicant