AMEGA WORLDWIDE AFFILIATE REGISTRATION FORM www.amegaworldwide.com



AMEGA WORLDWIDE INC
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www.AmegaWorldwide.com

	SPONSOR / IN	TRODUCER DETAIL	.S						
SPONSOR BA Name and BA ID :						ponsor Email ID:			
Placement:	Center*:(BC 001 -0			Position*:	Left	F	Right:		
	NEW CUSTOMER	DETAILS							
Full Name	Social Security or EIN# *:								
Address*:					State/ City:				
						Mobile no*:			
Country*:			ZipCode:						
Email*:						Home No:			
Mother's Ma	iden Name:			Date of Birth: (DD/MM/YY)					
	BUSINESS AC	COUNT DETAILS							
BA Name:		(Alphanume	ric - Max: 15	characters)					
1st Choice:				·					
2nd Choice:									
3rd Choice:									
					_				
	PRODUCT DET	TAILS							
S/N	CODE		NAME			TYPE	QTY	AMOUNT	
1		Distributor Kit					1	\$49.00	
2									
3									
Payment De	tails: Cash / Check				Shipping & Courier:				
			_ Exp CVC			Local Taxes (Sales)			
Billing Address (if different):						Total			
		e to be bound by the term ines in the event of becom				nt Owner's			
Signature:			•					Date:	
		o between Amega Affiliate and	d Customer. A	Amega is respo			and activation	n.	
For office us	e:			Remarks: (/	Affiliate)				

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