



P.O. Box 612320
 San Jose, CA 95161-2320
 Tel. 1 (800) SYMMETR(Y) (1 (800) 796-6387)
 Fax 1 (800) 822-8088
 Sponsor by phone: 1-877-284-8254

Consultant Application and Agreement

Date _____ Sales Month _____

For Office Use Only		
ID # _____	Order # _____	Standing Order # _____

I hereby make application to become a Symmetry Consultant:

Please Print Clearly - First Name, Middle Initial, Last Name	Social Security No. (Required for all U.S.A. distributors) - -
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<input type="checkbox"/> Married <input type="checkbox"/> Single	Spouse/Partner Name _____	Your Birth Date: Month _____ Day _____ Year _____
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Street Address _____	PO Box/ Apt. No./ Suite No. _____	Phone No. (____) _____
		Work No. (____) _____
		Fax No. (____) _____

City _____	State/Prov. _____	Zip/Postal code _____	e-mail address _____
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Important Note: Be sure this is filled out correctly! After acceptance and processing by Symmetry, no changes in sponsorship can be allowed.

Country _____	Sponsor's ID # DO136644	Any distributor who recruits another distributor is known as that new distributor's sponsor. Print Sponsor's name: Ron Bush
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I have read and understand the terms and conditions on the reverse side. X	I certify that I have introduced this applicant X	Applicants under the age of 18 require signature of parent or legal guardian. X
Applicant signature _____	(Sponsor's signature if available) _____	Parent/Guardian signature _____

Introductory Pack: English Spanish Shipping Address if different from above: _____

<input type="checkbox"/> Protection 4 Life w/New Attitude Intro Pack	_____	\$ _____
<input type="checkbox"/> Protection 4 Life w/Aloe Plus Intro Pack	_____	\$ _____
<input type="checkbox"/> SlymPack Intro Pack	_____	\$ _____
<input type="checkbox"/> Ultra SlymPack Intro Pack	_____	\$ _____

<input type="checkbox"/> Business in a Box I (Includes Starter Kit)	\$ _____	X	_____ % Discount	= \$ _____
<input type="checkbox"/> Business in a Box II (Includes Starter Kit)	\$ _____	X	_____ % Discount	= \$ _____
<input type="checkbox"/> Business in a Box III (Includes your Intro Pack)	\$ _____	X	_____ % Discount	= \$ _____
<input type="checkbox"/> Business Basics (Includes Starter Kit)	\$ _____	X	_____ % Discount	= \$ _____
<input type="checkbox"/> Consultant Kit (manual, brochures, forms only)	\$ _____			= \$ _____

Freight \$8.95 Intro Pack / 4% BIB (I, II, III) & BB = \$ _____
 Local Sales Tax % _____ = \$ _____

Method of Payment: MasterCard Visa Discover Cash Money Order/Cashier's Check

Credit Card # _____	Expires _____	Total Due = \$ _____
Cardholder Name (please print) _____	Cardholder Phone No. _____	Card Holder Signature _____
		X

Standing Order Enrollment BEGIN SALES MONTH OF: _____

<input type="checkbox"/> Check here to enroll. An automatic order that is sent to you each month. I have read and understand the terms and conditions on the reverse side. Credit card option I hereby authorize Symmetry Corp to charge the credit card listed below for the products I have designated at the current product price and any applicable sales tax. This order will remain in effect until I send a cancellation in writing.	Debit Checking/Savings Account Option Amount Authorized \$ _____ This amount will be debited the 5th of each month. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.																														
<table border="1" style="width:100%"> <thead> <tr> <th>Quantity</th> <th>Item</th> <th>Description</th> <th>Retail</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Quantity	Item	Description	Retail																	<table border="1" style="width:100%"> <tr> <td>Retail Sub-Total _____</td> <td>Signature _____</td> </tr> <tr> <td>Less Discount _____%</td> <td>Date _____</td> </tr> <tr> <td>*Add Freight _____</td> <td>ATTACH A CHECK WITH "VOID" WRITTEN ON IT TO</td> </tr> <tr> <td>Add _____% local sales tax</td> <td>VERIFY ACCOUNT NUMBER.</td> </tr> <tr> <td>Retail Total _____</td> <td></td> </tr> </table>	Retail Sub-Total _____	Signature _____	Less Discount _____%	Date _____	*Add Freight _____	ATTACH A CHECK WITH "VOID" WRITTEN ON IT TO	Add _____% local sales tax	VERIFY ACCOUNT NUMBER.	Retail Total _____	
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Add _____% local sales tax	VERIFY ACCOUNT NUMBER.																														
Retail Total _____																															
Add Freight: \$0-\$50 = \$5.95 \$50.01-\$100 = \$7.95 \$100.01 - \$200 = \$8.95 Over \$200 = 4% of retail (Full Retail X 0.04)	Standing Orders of 100 WV or more receive 1 free product each month! *Product pre-selected by Symmetry and may not be exchanged or returned. No World Volume associated with free product.																														

Credit Card # _____	Expires _____	Card Holder Signature _____
		X