



ENROLLMENT APPLICATION

APPLICANT INFORMATION

First Name	Middle Name	Last Name	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Cell Phone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ENROLLER INFORMATION

Name	ID
<input type="text"/>	<input type="text"/>

SPONSOR INFORMATION

Name	ID
<input type="text"/>	<input type="text"/>

SELECT YOUR ENROLLMENT PACKAGE

To become an ArdyssLife Distributor, every new enrollment needs to **purchase a \$30 Membership Kit**, then choose your product pack:

Basic Pack <input type="radio"/> \$99	Bronze Pack <input type="radio"/> \$199	Silver Pack <input type="radio"/> \$299	Golden Pack <input type="radio"/> \$499	Diamond Pack <input type="radio"/> \$999
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PRODUCT SELECTION FOR YOUR ENROLLMENT ORDER

Quantity	Product Name	Prize
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

SHIPPING ADDRESS Same as the previous address

Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYMENT METHOD INFORMATION

Visa MasterCard Discover

Credit card number (15 to 16 digits)	Expiration date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Card Name	Verification code (CVV)
<input type="text"/>	<input type="text"/>

I certify that the signature is mine and I am the owner of the card provided. I authorize ArdyssLife™ to make the initial purchase with my card.

Signature