



APPLICATION

FAX 877-987-7231



Premium Muscadine Grape Seed and Skin Supplement

P. O. BOX 97 • MAYODAN, NC 27027 • Toll Free 877-987-7232

Enroller's Name _____ ID No. _____ Date _____

[] Yes, Please rush my order for AmazinGrape Pure Muscadine Grape SS Capsules (60 Count).....\$33

(Muscadine Grape Seeds and Skins in a vegetable capsule. 650 mg. Each) Quantity (Units) ...1... Local Tax.....
(Include tax at your local rate for total retail purchase, Shipping is FREE!) Local Tax Rate%
County Zip Total

[] Yes, Please Enroll me FREE as a Distributor for AmazinGrape! No Fee, No Kit, No Hype, No Junk!

My FREE Replicated Website URL will be: www.AmazinGrape.com/.....

Subject to Availability

FREE Unqualified Distributors (No Autoship or commission) may purchase at wholesale (\$26.50 per unit & retail tax & \$2 S&H)

Sold To: _____ Ship To: _____ [] Same as Sold To

Applicant's Name _____ Name _____
First, MI, Last Name or Company

Address _____ Address _____

City _____ ST _____ Zip _____ City _____ ST _____ Zip _____

Phone/Voice (_____) _____ - _____ Phone (_____) _____ - _____

Applicant is: (check one box only) [] Ind. [] Company [] Corporation [] Already Rec'd Product from Enroller

_____-_____-_____- @ _____
SSN or Federal Tax ID E-mail Address (Please Print Plainly)

Authorize AutoShip (__unit(s) Monthly) [] Yes [] No Applicant's Signature _____

A PARTICIPANT IN THIS NETWORK MARKETING PLAN HAS A RIGHT TO CANCEL AT ANY TIME, FOR ANY REASON. Cancellation may be submitted in writing or by email to the company at its principal business address, AmazinGrape, 128 Okeewemee-Star Road, PO Box 98, Star, NC 27356 USA , Email: Service@AmazinGrape.com

There are Two Ways to receive your two (2) FREE Global Cash Cards with your first order

- [] Pay for your first order & 2 months Autoship (\$99 & tax) with your first order (3 units shipped) or
[] Enroll four (4) New Autoship Distributors and send their applications with your first order (Enroll Online, too!)

Method of Payment Information (First Order and Future Secondary Source of Payment)

[] Visa [] MasterCard [] American Express [] Discover [] Global Cash Card [] Money Order [] Personal or eCheck

Card No: _____ / _____ / _____ / _____ Exp. Date: ____ / ____ on back _____
3 digit Code

Print Name on Card: _____ Signature: _____

Card's Billing Street Address: _____ City _____ ST ____ Zip _____

eCheck: Routing No. _____ Account No. _____

Note: The Information above MUST match the billing records of the Credit/Debit Card Company. A \$30 service fee for returned checks

Additional Required Application Information for Global Cash Card (Future Primary Source of Payment)

Name for Primary Card _____ Name for Secondary Card _____

Government Identification _____ Issuing Authority (State, Country) _____

[](US or State Drivers License) [](US State ID) [](Passport Number) [](US Tax ID) [](Non-US Tax ID)

Date of Birth _____ Mother's Maiden Name _____

Employer _____ Alternate Phone (_____) _____ - _____