



2400 Boswell Road, Chula Vista, California, USA 91914
Telephone: 619.934.3980 • Facsimile 619.934.3205

Orders: 800.982.3197
Customer Service: 800.982.3189
www.AmericanLongevity.net

Associate Application and Agreement

Presented by
Paul Newland
ID No. 845 1802
+ 61 414 914 801

An Independent American Longevity Associate

☒ Preferred Customer - \$6.00 ☐ Associate - \$10.00

☐ Upgrade Kit - \$5.00 ☐

Applicant Information

Social Security or Federal Tax ID Number (required for Associates):

Date of Application:

Last Name: First Name: Initial:

Telephone (required):

Business Name (if used):

Business Telephone:

Address:

Facsimile Number:

City: State: Zip Code:

E-mail Address:

Sponsor Information

Sponsor's Last Name: First Name: Initial:

Holmes Katie

Sponsor's Business Name (if used):

Sponsor's Address:

P.O. Box 1

City: State: Zip Code:

Lindisfarne TAS 7015

Sponsor's ID Number (required):

845 1802

Sponsor's Telephone (required):

+ 61 414 914 801

Enroller Information

Enroller's Last Name: First Name: Same as Sponsor

X

Enroller's Business Name (if used):

Enroller's Address:

City: State: Zip Code:

Enroller's ID Number (required):

Enroller's Telephone (required):

Payment

Check Information

Name on Check:

Check Number:

Bank Name:

Credit Card Information

Credit Card Number: Expiration Date:

Name of Card Holder as it appears on credit card:

Billing Address if different from above:

I, the undersigned, have read the reverse side of this application and agree to abide by these as well as all of the American Longevity Policies and Procedures. I understand and will accept the consequences of violation of the American Longevity Policies and Procedures.

I, the undersigned, hereby authorize American Longevity to charge my credit card specified in the amount checked above.

Signature:

For Office Use Only