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Associate Application and Agreement

Presented by
Paul Newland
Lifestart Solutions P/L ID No. 826 3402
+ 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:		
<u>Last Name:</u>	<u>First Name:</u>	<u>Initial:</u>	<u>Telephone (required):</u>		
Business Name (if used):			Business Telephone:		
<u>Address:</u>			Facsimile Number:		
City:	State:	Zip Code:	E-mail Address:		

Sponsor Information

Sponsor's Last Name:	First Name:	Initial:
Newland	Paul	
Sponsor's Business Name (if used):		
Lifestart Solutions P/L		
Sponsor's Address:		
P.O. Box 1		
City:	State:	Zip Code:
Lindisfarne	TAS	7015
Sponsor's ID Number: (required):		
8263402		
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

<u>Credit Card Number:</u>	<u>Expiration Date:</u>
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