



# ARIIX ENROLLMENT FORM

SPONSOR NAME: \_\_\_\_\_

SPONSOR ID: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

BIRTH DATE (MM/DD/YYYY): \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## BILLING ADDRESS

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## SHIPPING ADDRESS

SAME AS BILLING

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PACK (CHOOSE 1):

BOS 24.95



**EXPERIENCE PACK #1**

details

\$370.00 / 250 PV



**EXPERIENCE PACK #2**

details

\$384.00 / 250 PV



**EXPERIENCE PACK #3**

details

\$422.00 / 250 PV



**ULTIMATE PACK II**

details

\$2,084.00 / 1500 PV

## MONTHLY AUTO DELIVERY

CHOOSE THE PRODUCTS THAT YOU WANT WITH 100 PV OR ABOVE TO QUALIFY FOR ALL BENEFITS AND LOYALTY PERKS

## PAYMENT INFORMATION

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

CCV: \_\_\_\_\_