

Enroller/Sponsor Correction Request

Gano Excel (USA), Inc.
4828 4th Street
Irwindale, CA 91706
www.ganoexcel.us

Questions:
(626) 338-8081
M-F from 8am-5pm

1 Instructions:

Use this form ONLY if a correction needs to be made for an affiliate who enrolled within two (2) business days of this form being received by Gano Excel. If you need to make a correction and enrollment occurred after the two (2) business days, you must use the Enroller/Sponsor Change Request form.

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If the affiliate IS eligible to request a correction, please do the following:

- Complete this form.
- Fax this form to 626.851.3485, ATTN: Compliance Department.
- Include \$10 USD non-refundable processing fee.

This form will not be reviewed unless Gano Excel receives full payment.

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If an Enroller/Sponsor Correction request was made due to an error caused by Gano Excel charges for this request may be waived.

Note: If your request is accepted, it will be processed within 14 business days of receipt. Gano Excel is not responsible for incomplete, incorrect, or lost requests. Upon approval, changes will be made by Compliance Department and may affect commissions, under authority of Policies and Procedures (P/P) agreement, Section 3.35. **Enroller** is the individual that introduced affiliate to Gano Excel. **Sponsor** is where affiliate was "placed" in the binary tree.

Affiliate Requesting Correction:

Name on Account Date Requested / /
Affiliate ID# Phone Email

Affiliate To Be Corrected:

Name on Account Date Enrolled / /
Affiliate ID# Phone Email

Gano Currently Shows:

Enroller Name Enroller ID
Sponsor Name Sponsor ID Left Side Right Side

Requested Correction:

Enroller Name Enroller ID
Sponsor Name Sponsor ID Left Side Right Side

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Payment Method:

Check or Money Orders are held for validation before request is processed

☐ Cash ☐ Check ☐ Money Order

Credit Card: ☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover

Total Amount of Purchase (shipping & tax may be added)

A. Check/Money Order: (enclosed)

Check Number:

B. Credit Card Number

Exp. Date (MM/YY)

CVV2

Billing Address

City

State

Zip Code

Cardholder Printed Name (As It Appears on Card)

Cardholder Signature

C.



I wish to pay by credit card on file with my affiliate account. I hereby authorize Gano Excel™ (USA) Inc. to charge my credit card in the amount of \$10 USD non-refundable fee. Note: "Affiliate Requesting Correction" account information above will be charged. I certify this is my account being charged.