



DIRECT AND PREFERRED CUSTOMER APPLICATION

APPLICANT INFORMATION

There are (2) types of Kyäni Customers - Please Select One.

☐**Direct Customer**

Order Kyäni products when you want, at retail prices.

☐**Preferred Customer**

Automatically receive Kyäni product every month at a discounted price.

Name (First, M.I., Last)

Date of Birth (MM/DD/YY)

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Home Phone

Cell Phone

Work Phone

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Fax

Email address

Shipping Address (Street)

City

State

Zip Code

Billing Address (Street)

City

State

Zip Code

SPONSOR INFORMATION

Sponsor Full Name (First, M.I., Last)

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Sponsor Phone

Sponsor Phone (optional)

Distributor ID#

ORDER INFORMATION

Item	Product Description	Direct	Preferred	Savings	Quantity
HealthTriangle Pack	(1) 30oz Sunrise™, (1) 90ct Sunset™ and (1) 56ml NitroFX™	\$140.00 USD	\$130.00 USD	\$10.00 USD	
NitroXtreme™ TrianglePk	(1) 30oz Sunrise™, (1) 90ct Sunset™ and (1) 56ml NitroXtreme™	\$150.00 USD	\$140.00 USD	\$10.00 USD	
30oz Sunrise™ Bottle	(1) 30oz bottle Sunrise™	\$40.00 USD	\$36.00 USD	\$4.00 USD	
30pk Sunrise™	(30) 1oz packets Sunrise™	\$47.00 USD	\$44.00 USD	\$3.00 USD	
90ct Sunset™	(1) 90ct Sunset™	\$40.00 USD	\$36.00 USD	\$4.00 USD	
56ml NitroFX™	(1) 56ml NitroFX™	\$62.00 USD	\$59.00 USD	\$3.00 USD	
15ml NitroFX™ 8pk	(1) 15oz NitroFX™ 8pk Travel Size Bottles	\$140.00 USD	\$130.00 USD	\$10.00 USD	
56 ml NitroXtreme™	(1) 56ml NitroXtreme™	\$80.00 USD	\$73.00 USD	\$7.00 USD	
15ml NitroXtreme™ 8pk	(1) 15oz NitroXtreme™ 8pk Travel Size Bottles	\$165.00 USD	\$150.00 USD	\$15.00 USD	

PAYMENT INFORMATION

☐

Visa

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Mastercard

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Discover

Card Number

Security Code (CVV)

Exp. Date (MM/YY)

Card Holder Name (as it appears on card)

Card Holder Billing Address (where you receive your monthly statement)

City

State

Zip Code

Kyäni offers a 30 day money back guaranty to all Customers. If you are unsatisfied with your purchase for any reason, please return the unused portion to us within 30 days from the purchase date for a full refund of the purchase price, less shipping and handling charges.

Signature

Date

I understand that upon approval of this application the credit card information above will be charged for the cost of the options I have selected on this form.