

# BODY ALIGN Enrollment Form

## Applicant Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ### ) ### - #### Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Federal Tax ID \_\_\_\_\_ D.O.B. MM / DD / YYYY

Sponsor Name \_\_\_\_\_ Sponsor ID # \_\_\_\_\_  
(If you do not have a sponsor, please list Body Align and we will assign you a sponsor.)

Username Name \_\_\_\_\_

## Your Body Align Kit

### 1. Choose Your Body Align Position:

☐ Body Align Affiliate - Free!

☐ Lifestyle Alignment Kit - \$179

Please choose your band size(s) - Two bands included in kit

S # M # L # XL #

2 Ultimate Wellness Bands

1 Cell Protect Disc

1 Argi Align

30 Wellness Discs: 10 Relief Discs, 10 Sleep Discs  
and 10 Purify Discs.

☐ Body Align Promoter (\$349 - Includes Wellness Kit)  
Please choose your band size(s) - Two bands included in kit

S # M # L # XL #

2 Ultimate Wellness Bands

2 Cell Protect Disc

2 Argi Align Cardio

98 Wellness Discs: 14 Relief Discs, 14 Sleep Discs,  
14 Action Discs, 14 Mass Discs, 14 Purify Discs, 14  
Youth Discs and 14 Breathe Discs.

(3x as many wellness discs to share with your  
whole family!)

## Payment Information

Name on Card \_\_\_\_\_ ☐ Mastercard ☐ Visa ☐ AMEX

Card # \_\_\_\_\_ CCV# \_\_\_\_\_ EXP MM / YYYY

Billing Address \_\_\_\_\_ Street Address  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

By signing below, I authorize Body Align to charge my credit card for all orders and payments indicated on this Application and Agreement. Billing address for credit card must match the applicant's address listed above.

By signing below, I certify that the Social Security Number or Federal Tax ID Number entered above is my correct taxpayer identification number. I further certify that I have not been a Body Align Distributor, or a partner, shareholder, or principal of any entity having a Body Align business within the past six months. I understand that any intentional misrepresentation of any information I provide on this Independent Distributor Application and Agreement may result in action by Body Align, up to and including termination of this agreement. Mail the completed signed original Application and Agreement to: Body Align, Distributor Application Dept, 2020 General Booth Blvd, Suite 240, Virginia Beach, VA 23454 or fax to 512-351-3990. If applications is faxed, you must fax the front and back of the Application. Please allow 24 hours for your faxed enrollment to be processed.

\*Assumed names, Corporations, LLCs, Partnerships, or Trusts - If your business will be owned by a corporation, limited liability company, partnership or trust, or will be operated under an assumed name (e.g. XYZ Enterprises or John Doe and Associates), you must complete a Business Entity Application and submit it with this Application and Agreement.

PLEASE NOTE: TO COMPLETE THE APPLICATION, YOU MUST SUBMIT A COMPLETED IRS FORM W-9 TO BODY ALIGN. In order to receive the bonuses or commissions in excess of \$600, you must submit a properly completed IRS W-9 Form to Body Align. Failure to submit a W-9 may result in the holding of bonuses and commissions in excess of \$600 or backup withholding at Body Align's discretion. To download a W-9 form, go to: [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

Applicant Signature \_\_\_\_\_ Date MM / DD / YYYY