



\$114.50 Savings!
(\$412.50 Value)

\$299 Product Pack
QV 150 - CV 80 - SV 50

- (1) 30 oz. Sunrise™
- (1) 90 ct. Sunset™
- (8) Nitro FX™ 15ml
- (8) Nitro Xtreme™ 15ml
- (2) 7-Day Triangle Pack
- (1) Distributor Folder

\$155.75 Savings!
(\$724.75 Value)

\$569 Business Builder Pack
QV 400 - CV 150 - SV 100

- (1) 30 oz. Sunrise™
- (30) 1 oz. Sunrise™
- (1) 90 ct. Sunset™
- (1) 56ml Nitro FX™
- (8) 15ml Nitro FX™
- (1) 56ml Nitro Xtreme™
- (8) 15ml Nitro Xtreme™
- (2) 7-Day Triangle Pack
- (1) Distributor Folder
- (6) Months Webtools

\$478 Savings!
(\$1,477 Value)

\$999 Premium Builder Pack
QV 700 - CV 200 - SV 220

- (2) 30 oz. Sunrise™
- (60) 1 oz. Sunrise™
- (2) 90 ct. Sunset™
- (2) 56ml Nitro FX™
- (16) 15ml Nitro FX™
- (2) 56ml Nitro Xtreme™
- (16) 15ml Nitro Xtreme™
- (10) 7-Day Triangle Pack
- (1) Distributor Folder
- (1) Year Webtools

OPTIONAL AUTOSHIP

YES! I want to enjoy the convenience and savings of Kyäni's Monthly Autoship Program.
Kyäni will automatically ship your monthly order and your credit card will be charged. Your product will ship automatically on the date indicated to the right.

Autoship Date
(Available 1-25th) _____

\$129.95 Triangle Pack
QV 100 - CV 100 - KV 100

- (1) 30 oz Sunrise™
- (1) 90 ct Sunset™
- (1) 56 ml Nitro FX™

\$136.95 Triangle Pack 30
QV 100 - CV 100 - KV 100

- (1) 30 ct Sunrise™
- (1) 90 ct Sunset™
- (1) 56 ml Nitro FX™

\$239.95 Couples Pack
QV 180 - CV 180 - KV 180

- (2) 30 oz Sunrise™
- (2) 90 ct Sunset™
- (2) 56 ml Nitro FX™

APPLICANT INFORMATION

Name (First, M.I., Last) _____ Company _____

Date of Birth (MM/DD/YY) _____ Social Security # _____ Tax ID# _____

() _____ () _____ () _____

Home Phone _____ Cell Phone _____ Fax _____

Email address _____

Shipping Address (Street) _____

City _____ State _____ Zip Code _____

Extension Name for Replicated Site (yournamehere.kyani.net) _____

PAYMENT INFORMATION

Visa Discover Mastercard

_____ / _____

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 _____

GENEALOGY INFORMATION

Sponsor Full Name (First, M.I., Last) _____ Sponsor Company _____ Sponsor Distributor ID# _____

Placement Full Name (First, M.I., Last) _____ Placement Company _____ Placement Distributor ID# _____

This application is subject to approval by Kyäni, Inc. and is not binding until the application is approved by the company. If approved, Applicant agrees to be bound by all terms and conditions of the Kyäni Distributor Agreement and the company Policies and Procedures as currently in effect or amended from time to time. Applicant may cancel this application within a period of three days from the date hereof by sending written notification of the withdrawal to the company at 1070 Riverwalk Dr. Ste 350, Idaho Falls, ID 83402; by fax to 1-208-529-9873, or by email to cs.usa@kyanicorp.com. Any cancellation must be received by Kyäni within the three day period to be valid. If Autoship selected: I authorize Kyäni to charge any of the payment methods I have established with Kyäni for my monthly Autoship order, plus shipping and handling charges and my state and local sales taxes (if applicable).

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.