

TOTAL LIFE CHANGES APPLICATION FOR ENROLLMENT



Information

*First Name	*MI	*Last Name
*Social Security Number	*Date of Birth	

Billing Address

*Address Line 1		
*Address Line 2		
*City	*State	*Zip
*Daytime Phone		*Mobile Phone
*Social Security Number		*Date of Birth

Shipping Address

*Address Line 1		
*Address Line 2		
*City	*State	*Zip
*Evening Phone		

Sponsor Name

*First Name	*Last Name	*TLC Sponsor Number	*Placement Left / Right

Replicated Site URL

When you become a registered Total Life Changes IBO, you will have immediate access to the Business Management Center where you can PLACE YOUR ORDERS plus view and manage many facets of your business. You will need to provide a password below to enter the Business Management Center and become an IBO.

Username/Site Name:	*Password
http://www.totallifechanges.com/	

Products / Pack

Products / Pack	*Cost

CREDIT CARD NUMBER

CREDIT CARD NUMBER			
EXP MO	EXP YEAR	CVV	CREDIT CARD TYPE
CARD HOLDER NAME			
CARD HOLDERS SIGNATURE			

Distributor Agreement [please read & sign]

I have carefully read the terms and conditions at the website www.totallifechanges.com and reviewed the Total Life Changes Compensation Plan.

*Applicants Printed Name	*Applicant's Signature	*Date