

New Associate Enrollment Form

User name (first and last name) _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Email: _____@_____.com

Cell phone: _____ Other #: _____

Date of Birth: ____/____/____ SSN# _____ - _____ - _____

3 reasons for SS# - wholesale pricing, tax exempt (based on state) and to receive your Isagenix debit card once you sign up TWO consultants)

Initial Product Order:

○ **Presidents Pack \$559* plus shipping**

- Isadelights _____ Dark Chocolate _____ Milk Chocolate
- Isalean bars (1 box) _____chocolate peanut crunch _____chocolate cream crisp_____ Caramel Cashew
_____ chocolate decadence _____ lemon passion crunch _____ natural oatmeal raisin

○ **30 Day Pack with eShots & IsaDelights \$360* plus shipping**

- Isadelights _____ Dark Chocolate _____ Milk Chocolate
Add-ons \$29.95
- Isalean bars _____chocolate peanut crunch _____chocolate cream crisp _____ Caramel Cashew
_____ chocolate decadence _____ lemon passion crunch _____ natural oatmeal raisin

Options for both programs

Ionix Supreme: _____ liquid _____ powder

Cleanse for Life: _____ liquid _____ powder

Isa Snacks _____ Chocolate _____ Vanilla _____ Berry (Dairy-Free)

Shakes (select 4 total): Packets _____ Canisters _____

_____ Strawberry *new _____ Chocolate _____ Vanilla _____ Natural Berry (dairy free)

_____ IsaleanPRO Chocolate _____ IsaleanPRO Natural Vanilla _____ IsaleanPRO French

Vanilla

Credit Card # _____

Expiration Date: _____ / _____ 3 digit security code _____

Name on the card: _____

Billing address if different then home address:

Street Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

*Pricing Includes \$29 Annual Wholesale Membership fee