DISTRIBUTOR MEMBERSHIP FORM

APPLICANT'S NAME



565 Brea Canyon Road, Ste. B • Walnut, CA 91789 OFF (909) 348-0188• FAX (909) 348-0189 www.dxnusa.com

1. APPLICANT'S INFORMATION	DISTRIBUTOR ID NUMBER
NAME (FIRST, MIDDLE, LAST) OR NAME OF BUSINESS ENTITY	
SOCIAL SECURITY NUMBER OR BUSINESS ENTITY ID No. (THIS INFORMATION IS REQUIRED TO QUALIFY AS A DISTRIBUTOR)	DATE OF BIRTH (MM/DD/YY)
MAILING ADDRESS	
CITY STATE ZIP/POST	TAL CODE COUNTRY
PHONE NUMBER FAX NUMBER	
CELLPHONE / BUSINESS E-MAIL	
2. SPONSOR / PLACEMENT INFORMATION	
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SPONSOR ID NUMBER SPONSOR PHONE N	UMBER
SPONSOR NAME (LAST, FIRST, MIDDLE)	
3. BENEFICIARY INFORMATION	
BENEFICIARY NAME	
DATE OF BIRTH (MM/DD/YY) SOCIAL SECURITY NUBMER OR ID No.	
4. AGREEMENT This Agreement is entered into between the APPLICANT, named above (hereafter "APPLICANT") and DA	AXEN, INC. The parties agree:
APPLICANT hereby applies as a DXN DISTRIBUTOR (Independent Distributor) in DAXEN INC. APPL DISTRIBUTOR (Independent Distributor) and granted the rights to sell DAXEN INC. products. DAXEN I or reject any application for any reason, in accordance with the terms and conditions set forth in the DAXED as such now exists or may hereafter be amended.	INC. reserves the right to accept
By Submitting this application and any order associated with it, I attest that the information contained in it am at least 18 years of age. I understand DXN's Business Plan. I understand and agree with the "BASIC AGO of this form. I understand that this application/order is binding upon me as a DXN DISTRIBUTOR. I agr INC. Policies and Procedures as they are currently written and as they may be amended by DAXEN INC.	GREEMENT" stated at the back
Any DXN DISTRIBUTOR may cancel their membership at any time by submitting their resignation in write	ting to the Country Manager.

APPLICANT'S SIGNATURE

DATE