



Preferred Customer Enrollment Application

Please make a copy of this original and retain it for future use. Fill out the copy and mail it to the address listed below or fax it to 801.409.8079

[FORM 107 US]

Applicant Information

Date: / /
month day year

applicant last name (please print)	first name	middle initial	customer ID #
address (street)	city		state zip
phone	fax	mobile (not required)	
email address			

Sponsor Information

sponsor last name (please print)	first name	middle initial	business name (if different)
sponsor's SISEL ID NUMBER			

Terms and Conditions

I hereby submit Application for membership in the Preferred Customer Purchase Program. I understand that this application does not constitute a SISEL™ Distributorship, and all purchases will be made through my Sponsor's SISEL Distributorship. If at any time I wish to become a SISEL Distributor, I may simply submit a Distributor Application under the same Sponsor as listed above.

Customer Satisfaction Policy: If a product is defective, I agree to notify my sponsor in writing within 10 days of purchase. My Sponsor is responsible to follow the SISEL Customer Refund Policy.

Damaged Product: If my shipment arrives in less than satisfactory condition, I will alert the delivery person and call the carrier immediately to advise or refuse the shipment. It is my responsibility as a Preferred Customer to verify the condition of each shipment upon receipt. In the case of missing items, extra items and/or damaged items, I will contact SISEL Customer Service, (801) 409.8079, within 10 days of receiving the package.

month / day / year

applicant signature

