

## APPLICATION AND AGREEMENT

### DISTRIBUTOR INFORMATION

NAME		DATE OF BIRTH
SOCIAL SECURITY OR FEDERAL TAX ID NUMBER		
CO-APPLICANT'S NAME		
CO-APPLICANT'S SOCIAL SECURITY NUMBER		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
EMAIL		

### DIRECT UPLINE INFORMATION

Be With Dee

NAME		
ID NUMBER		
ADDRESS		
Spanish Fork	UT	84660
CITY	STATE	ZIP
801-794-2964	801-794-3608	
PHONE	FAX	
info@bewithdee.com		
EMAIL		
<i>Be With Dee</i>		
DIRECT UPLINE'S SIGNATURE		

By signing this Application and Agreement, I agree to fulfill the obligations as the Direct Upline of the applicant as described in the Trivani International Policies and Procedures. I certify that I have provided the most current version of the Trivani International Policies and Procedures and Compensation Plan to the Applicant prior to his/her signing this Agreement.

**Assumed Names, Corporations, Partnerships, or Trusts** — If your business will be owned by a corporation, partnership or trust, or will be operated under an assumed name (e.g., XYZ Enterprises or John Doe & Associates), you must complete a Business Entity Application and submit it with this Application and Agreement.

**I have carefully read the Trivani International Policies™ and Procedures and agree to abide by all terms set forth in these documents. I understand that I have the right to terminate my Trivani™ independent business at any time, with or without reason, by sending written notice to the Company.**

Applicant's Signature

Date

### SHIPPING INFORMATION

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	EMAIL