



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 **801.423.5500**

[FORM 107]

Applicant Information

Date: [/ /]
mo. day yr.

applicant last name (please print)	first name	middle initial	customer ID # (will be filled in by SISEL)
address (street)		city	state zip
phone	fax	mobile (not required)	email address
country			

Sponsor Information

sponsor last name (please print)	first name	middle initial	business name (if different)
TeamSizzle			
sponsor's SISEL ID NUMBER		USA0847682	
address (street)		city	state zip
phone	fax	mobile (not required)	email address

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 at which time the Customer Refund Policy on the back of the Retail Order Form will be honored in a prompt and courteous manner. 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) 423-5110, within 10 days of receiving the package.

applicant signature

