



ASSOCIATE APPLICATION FORM

Please print legibly in blue or black ink. All information is required. Submit completed form to LurraLife Corporate Office by fax (1-801-665-0471) or mail (3075 N. Fairfield Rd, Layton, Utah 84041, USA).

Sponsor Name: _____	Sponsor ID: _____
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First Name: _____ Last Name: _____

Type of Application: Distributor Customer

LurraLife Username: _____ Password: _____

Mailing Address: _____

City: _____ State / Province: _____

Other: _____ Zip / Postal Code: _____

Country: _____

Phone Number: _____ Email Address: _____
(Include area code. If outside USA, include country code.)

PRODUCT PACKAGE

Product Package	Package Price	First Order Only <small>SELECT ONE</small>	Monthly Autoship <small>SELECT ONE</small>
Dr. Miller's Detox Tea Car Bonus Pack: Buy 2 Get 1 Free	\$79.90 USD	<input type="checkbox"/>	<input type="checkbox"/>
O2 Drops Car Bonus Pack: Buy 2 Get 1 Free	\$79.90 USD	<input type="checkbox"/>	<input type="checkbox"/>
Thrive Car Bonus Pack: 4 Packs 15 Servings Each	\$89.90 USD	<input type="checkbox"/>	<input type="checkbox"/>
Car Bonus Pack: 1 month's supply Thrive, 1 month's supply Dr. Miller's Detox Tea, and 1 O2 Drops 2oz bottle	\$89.90 USD	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT INFORMATION

NAME ON CARD – First Name: _____	Last Name: _____
Billing Address: _____	
City: _____	State / Province: _____
Other: _____	Zip / Postal Code: _____
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #: _____ Expiration Date (mm/yy): ____ / ____ Sec Code: _____	
I authorize my card to be billed "monthly" according to my selection above.	
Signature: _____	Date: _____