

Independent Distributor Application

(PLEASE PRINT)

DATE _____ Independent Distributor Change Distributor Info.

Please **Drop Ship** Distributor Kit to:

Name: _____ PIN# _____

SPONSOR INFORMATION

Temporary Sponsor Name & PIN # ___N/A_____

Permanent Sponsor Name & PIN# ___Peter A. Gelinas / 192760_____

Sponsor Signature ___*Peter A. Gelinas*_____

NEW DISTRIBUTOR INFORMATION

Social Sec. or
Social Ins. No. _____ PIN # _____

Name of Primary Applicant _____

Name of Secondary Applicant _____

Mailing Address _____
City, State, Zip or
Province, Postal Code _____

Phone _____ Fax _____

Business Phone/Email Address _____

SHIPPING INFORMATION (If different)

Address (No PO Box) _____
City, State, Zip or
Province, Postal Code _____

BUSINESS INFORMATION (If applicable)

Company Name _____

Federal ID# _____

DWG International™

P.O. Box 98867, Las Vegas, NV 89193-8867

Tel: (702) 262-5555 Fax: (702) 262-5550

www.dwginternational.com

SELECT PAYMENT OPTIONS

Check # _____ Money Order Cashier's Check

Charge My VISA Master Card AMEX Discover

Card No. _____ ExpDate _____

Card Holder Name
(as appears on card): _____

Signature **X** _____

APPLICANT AGREEMENT

You have the right to cancel this agreement at any time regardless of reason, by sending written notice of cancellation to the DWG Home office.

US Independent Distributorship | **\$26.00us***

CN Independent Distributorship | **\$41.00cn***

* Price Includes US\$6.00/CN\$12.00 Shipping/Handling. Add Sales Tax/GST for NV, MN, KS, or Canada. I have read and understand the information on the reverse side of this form.

Signature **X** _____ Date _____

Signature **X** _____ Date _____

I would like more information on Professional Detailing
 RV'ing For Free

