

Done by: Aslan Shemilov

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ENTER THE NEW SPONSOR'S USERNAME

* Sponsor Username:

Sponsor Name:

Aslan Shemilov

* Required Field

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PLEASE SELECT THE COUNTRY OF RESIDENCE.

Country:

Canada ▼

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ENTER THE NEW MEMBER'S PERSONAL INFORMATION.

Business Name:

* First Name:

* Last Name:

Partner First Name:

Partner Last Name:

Birthdate:

* Tax ID/SSN:

* Email:

* Confirm Email:

* Home Phone:

Work Phone:

Cell Phone:

* Password:

* Confirm Password:

Default Language:

* Required Field

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Enroll New Member : Package








Product Executive Kit - \$1,000.00 (USD) - Enroll with 16 Boxes of Product, sponsor Earn FastStart 200 USD

Personal Product Pack - \$250.00 (USD) - Enroll with 4 Boxes of Product, sponsor Earn FastStart 35 USD

Signup Fee - \$35.00 (USD) - Signup Fee

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	EXO	EXO - Gel Nutritional Supplement	\$60.00 (USD)	<input type="text" value="1"/>
	MIN	MIN - Gel Nutritional Supplement	\$60.00 (USD)	<input type="text"/>
	FIT	FIT - Gel Nutritional Supplement	\$60.00 (USD)	<input type="text"/>
	OHM	OHM - Gel Nutritional Supplement	\$60.00 (USD)	<input type="text" value="1"/>
	UMI	UMI - Gel Nutritional Supplement	\$75.00 (USD)	<input type="text" value="1"/>
	FLX	FLX - Gel Nutritional Supplement	\$75.00 (USD)	<input type="text"/>
	HRT	HRT - Gel Nutritional Supplement	\$65.00 (USD)	<input type="text"/>
	GLO	GLO - Gel Nutritional Supplement	\$75.00 (USD)	<input type="text"/>
	GRN	GRN - Gel Nutritional Supplement	\$60.00 (USD)	<input type="text"/>
	Ageless Full Size Kit	Ageless Full Size Kit - Ageless Skin Care	\$235.00 (USD)	<input type="text"/>

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ENTER THE ADDRESS WHERE YOU WOULD LIKE THIS ORDER SHIPPED.

* Name:

* Address Line 1:

Address Line 2:

* City:

State:

* Postal Code:

Country:

* Phone Number:

* Required Field

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ONE OF THE REQUIREMENTS FOR STAYING ACTIVE IN THE BUSINESS IS TO HAVE AN ACTIVE AUTOSHIP PROFILE. AUTOSHIP IS A SYSTEM THAT AUTOMATICALLY CREATES AN ORDER FOR YOU EVERY MONTH. THIS ENSURES YOU GET THE GREAT PRODUCTS YOU WANT EVERY MONTH.

Create an autoship profile

Do not create profile

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Review the details of the profile below.**General Information****Business Name:****Name:** First name Last name**Email:** your@hotmail.com**Home Phone:** 14169225555**Shipping Address**

First name Last name
 220 Young St E
 Apt. 210
 Toronto, Ontario m8v1a6
 Canada

SKU	Name	Quantity	Amount	Total
1000101	EXO	1	\$60.00 (USD)	\$60.00 (USD)
1030101	OHM	1	\$60.00 (USD)	\$60.00 (USD)
1040101	UMI	1	\$75.00 (USD)	\$75.00 (USD)
1080101	HRT	1	\$65.00 (USD)	\$65.00 (USD)
401	Personal Product Pack	1	-\$5.00 (USD)	-\$5.00 (USD)
400	Signup Fee	1	\$35.00 (USD)	\$35.00 (USD)
4010101	Personal Product Pack	1	\$0.00 (USD)	\$0.00 (USD)
9060101	Welcome Pack	1	\$0.00 (USD)	\$0.00 (USD)

Subtotal	\$290.00 (USD)
Shipping	\$25.00 (USD)
Tax	\$14.05 (USD)
Total	\$329.05 (USD)

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PLEASE SELECT THE METHOD YOU ARE USING TO PAY FOR THIS ORDER.

Credit Card (Echo)

Agel Visa Debit Card

[NEXT >>](#)



Country:

Canada ▼

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PLEASE ENTER YOUR BILLING ADDRESS.

* Name:	<input type="text" value="First name Last name"/>
* Address Line 1:	<input type="text" value="220 Young St E"/>
Address Line 2:	<input type="text" value="Apt 210"/>
* City:	<input type="text" value="Toronto"/>
State:	<input type="text" value="ON"/>
* Postal Code:	<input type="text" value="m8v1a6"/>
Country:	Canada
* Phone Number:	<input type="text" value="14169225656"/>

ENTER YOUR CARD INFORMATION

Payment Amount:	
Card Type:	<input type="text" value="Visa"/>
* Card Number:	<input type="text" value="1234123412341234"/>
* CVV2:	<input type="text" value="123"/>
* Expiration:	<input type="text" value="Jan"/> <input type="text" value="2014"/>

* Required Field

SUBMIT



PLEASE ENTER YOUR BILLING ADDRESS.

* Name:

First name Last name

* Address Line 1:

Address Line 2:

* City:

State:

* Postal Code:

Country:

* Phone Number:

WE ARE PROCESSING YOUR ORDER NOW...



LOADING...

ENTER YOUR CARD INFORMATION

Payment Amount:



Not a valid credit card number

PLEASE ENTER YOUR BILLING ADDRESS.

* Name:

* Address Line 1:

Address Line 2:

* City:

State:

* Postal Code:

Country:

* Phone Number:

ENTER YOUR CARD INFORMATION

Payment Amount:

Card Type:

* Card Number:

* CVV2:

* Expiration:

* Required Field

SUBMIT