

Victory Nutrition International Partner Registration Form

Sponsor's Name:	Partner ID#	Sponsor's Phone:	Sponsor's Email:
Applicant's Name:		Company Name:	
Address:			
City, State/Province, ZIP/Postal Code:		Email:	
Phone:		SSN/SIN/EIN/Tax ID:	
Website URL you prefer: (ex: vni.life/johndoe) vni.life/		Backoffice User Name:	Password: (min 8 char)

Product	Qty	Mo Subscip	Price	Total
Prodovite® Vitamin-Mineral Phytonutrient Complex (30 servings)			68.00	
Brain Reward™ with Prodosome Encapsulation Technology (180 count)			78.00	
N-Sorb™ The Diet Essential (30 servings)			65.00	
ThionExtra™ (120 count)			78.00	
Prodovite Concentrate® (3-3 oz bottles - 30 servings)			68.00	
Prodovite Moments® Vitamin-Mineral Phytonutrient Complex (16 servings)			50.00	
Brain Reward™ with Prodosome Encapsulation Technology (15 serving display box)			45.00	
N-Sorb™ The Diet Essential (15 servings)			35.00	
Share & Grow Pack (1 time purchase/new Partners only eligible to buy within month of sign up and 2 following months) - 2 Prodovite (30 oz), 1 Brain Reward (180 ct), 2 N-Sorb (30 ct), 1 N-Sorb (15 ct), 2 Brain Reward (15 ct boxes), 3 Prodovite Moments (16/box) FREE: 4-pack Moments, 10 servings N-Sorb, 1 pack VNI Booklets, FREE SHIPPING		N/A	588.00	
Promoter Pack (1 time purchase/new Partners only eligible to buy within month of sign up and 2 following months) - 1 Prodovite (30 oz), 3 N-Sorb (30 ct), 1 Brain Reward (15 ct box), 2 Prodovite Moments (16/box) FREE: 4-pack Moments, 1 pack VNI Booklets, FREE SHIPPING		N/A	396.00	
Basic Pack (1 time purchase/new Partners only eligible to buy within month of sign up and 2 following months) - 1 Prodovite (30 oz), 2 N-Sorb (30 ct), 1 Brain Reward (180 ct), 2 Prodovite Moments (16/box) FREE: 5 N-Sorb samples, FREE SHIPPING		N/A	268.00	
Energy Pack Promotion (Available until June 30, 2019) - 2 Prodovite (30 oz), 1 N-Sorb (30 ct), FREE: 7 servings Brain Reward			194.97	

Call 215-256-1486 or 866-881-1624 for Sales Tax & Shipping & Handling Charges*

Subtotal	
Sales Tax	
Shipping	
Total	

Electronic checking (bank draft form required) If no form, complete the section below. Excludes Canada

Name of Bank Account Holder (same as name on the check)			
Bank Account #:		Bank Routing #:	
Please send a voided check:			
Credit Card Information Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/>			
Name on Card:	Number:		Sec Code:
			Exp. Date:
Credit Card Billing Address: Same as above <input type="checkbox"/>		Shipping Address: Same as above <input type="checkbox"/>	
Name:		Name:	
Address:		Address:	
City, State/Province, ZIP/Postal Code:		City, State/Province, ZIP/Postal Code:	

Payment Authorization and Signature

Yes! I am electing to be a Victory Nutrition Customer or Representatives. I authorize VNI to charge my bank account identified above for my orders. I authorize VNI to debit my account for the amount of my order. I understand that shipping, handling and applicable taxes will also be added to all orders. I have read and agree to the Terms and Conditions as issued by VNI and agree to abide by them.* I certify that all information provided on this Authorization is true and correct and that I am the same person as the name on the bank account.

Signature: _____ Date: _____

If you prefer to mail in your payment, contact Customer Care at 866-881-1624 or 215-256-1486. Fax Orders to 215-689-4135. *Please contact Customer Service for Warehouse Pick Up.