Duoformed Customer Desistation	Dusformed Customer Degistration
Preferred Customer Registration	Preferred Customer Registration
First:Spouse:	First:Spouse:
Last:	Last:
Address:	Address:
Dhono: \Box State. \Box Zip. \Box	Dhono: StateZip
Phone: Over 16? yes / no	E Moil:
E-Mail:	E-Mail:
Signature:	Signature:
Check areas that interest you:	Check areas that interest you:
Nutrilite Health & Wellness products	Nutrilite Health & Wellness products
XS Energy Sports Nutrition products	XS Energy Sports Nutrition products
eSpring Water Purification System	eSpring Water Purification System
Artistry Skin Care Products/Cosmetics	Artistry Skin Care Products/Cosmetics
Tolsom - Men's Skin Care	Tolsom - Men's Skin Care
Ribbon Gift Cards/Albums	
Perfect Water	Perfect Water
Simply Nutrilite - healthy snacks	Simply Nutrilite - healthy snacks
Trim Advantage Weight Loss	Trim Advantage Weight Loss
Income Opportunities	Income Opportunities
To receive order confirmations, product updates, and special offers just for you, it is important that we have your unique email address. We will only send	To receive order confirmations, product updates, and special offers just for you, it is important that we have your unique email address. We will only send
you information that you authorize. We will not share your information with	you information that you authorize. We will not share your information with
any non-affiliated third parties. By providing this information you are allowing	any non-affiliated third parties. By providing this information you are allowing
us to electronically register you as our customer on our Amway Personal Re- tail Website. You are not obligated to any minimum purchase or other obliga-	us to electronically register you as our customer on our Amway Personal Re- tail Website. You are not obligated to any minimum purchase or other obliga-
tions.	tions.
Preferred Customer Registration	Preferred Customer Registration
Preferred Customer Registration	Preferred Customer Registration
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First:Spouse: Last:	First:Spouse: Last:
First:Spouse: Last:	First:Spouse: Last:
First: Spouse: Last: Address: City: State: Zip:	First: Spouse: Last: Address: City: State: Zip:
First: Spouse: Last: Address: City: State: Zip: Phone: Over 16? yes / no	First: Spouse: Last: Address: City: State: Zip: Phone: Over 16? yes / no
First: Spouse: Last: Address: City: State: Zip: Phone: Over 16? yes / no E-Mail:	First: Spouse: Last:
First: Spouse: Last: Address: City: State: Zip: Phone: Over 16? yes / no	First: Spouse: Last: Address: City: State: Zip: Phone: Over 16? yes / no
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