



PO BOX 303, Pleasant Grove, Utah 84062

Tel. : (801) 400-5680

www.meallite.com

meal.lite@gmail.com

Name of the Distributor: _____ Surnames: _____

Cell Phone: _____ Secondary Phone: _____

Email: _____

Date of birth: ____/____/____ Gender: _____
(month) (day) (year) (M/F)

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

YOUR SPONSOR INFORMATION

By the following, I (new Distributor name) _____, recognize and authorize
(your Sponsor's name) _____, as my Sponsor of MEAL LITE.

Sponsor's Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ Email: _____

IN WITNESS WHEREOF, the parties have duly registered and have executed this agreement as of the date written and do ensure that the party that is executing this agreement on their behalf, is properly authorized. The Parties agree, to the extent of their knowledge, that the information about the sponsor is accurate and fully authorized and do honor this sponsorship, while the sponsor is active. The sponsorship will be perpetual while the terms and conditions of this agreement are in effect.

By my signature below, I hereby acknowledge that I have read and understood the terms and conditions and that I accept them as set forth.

Signature of the Distributor: _____ Date: _____ (rev 2016-09-01)

Send original to Meal Lite, PO Box 303, Pleasant Grove, UT 84062
or by email to meal.lite@gmail.com