GOVVI

APPLICATION FOR ENROLLMENT

Information * Before you begin, are you the applicant? ☐ YES ☐ NO

*First Name

MI   *Last Name

* Company Name

*Social Security Number / EIN   *Date of Birth   *Email Address

Billing Address *

*Address Line 1

*Address Line 2

*City   *State   *Zip

*Daytime Phone   Mobile Phone   Evening Phone

Shipping Address *

*Address Line 1

*Address Line 2

*City   *State   *Zip

Sponsor Name *

*First Name   *Last Name   *Sponsor Number   *Placement

Replicated Site URL

When you become a registered GOVVI Distributor, you will have immediate access to the Business Management Center where you can PLACE YOUR ORDERS plus view and manage many facets of your business. You will need to provide a password below to enter.

www.GOVVI/LOB/YOURNAME.com

Username/Site Name   Password

Credit Card   EXP   CVV   Visa / Discover/ Master Card / AMEX

ITEM #	DESCRIPTION	PRICE	QV	FSB

Distributor Agreement (Please read and sign)

I have carefully read the terms and conditions at the website https://www.govvi.com/terms and reviewed the Compensation Plan.

*Applicant's Printed Name   *Applicants Signature   *Date