



worldwide APPLICATION FORM

Please print legibly in blue or black ink. All information is required. Submit completed form to O2 Worldwide Corporate Office by fax (1-801-665-0471) or mail (1190 E 5425 S, Suite 217, Ogden, Utah 84403, USA).

Sponsor Name: _____	Sponsor ID: _____
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First Name: _____ Last Name: _____

Type of Application: Distributor Customer

O2 Worldwide Username: _____ Password: _____

Mailing Address: _____

City: _____ State / Province: _____

Other: _____ Zip / Postal Code: _____

Country: _____

Phone Number: _____ Email Address: _____
(Include area code. If outside USA, include country code.)

PRODUCT PACKAGE

Product Package	Package Price	First Order Only <small>SELECT ONE</small>	Monthly Autoship <small>SELECT ONE</small>
<i>Option 1:</i> 1 Bottle of O ₂ Drops (2 fl oz), 30-Day Money Back Guarantee	\$39.95	<input type="checkbox"/>	<input type="checkbox"/>
<i>Option 2:</i> 1 Bottle (2 fl oz) + Direct Mail Marketing System	\$59.95	<input type="checkbox"/>	<input type="checkbox"/>
<i>Option 3:</i> Buy 2 Bottles, Get 1 Bottle Free Pack (2 fl oz/each)	\$79.90	<input type="checkbox"/>	<input type="checkbox"/>
<i>Option 4:</i> Fast Start – Preferred Best Value Builders Pack (3 x 2 fl oz bottles and 12 x .5 fl oz bottles)	\$199.99	<input type="checkbox"/>	<input type="checkbox"/>
<i>Option 5:</i> O2 Blueprint Choose: <input type="checkbox"/> O2 Drops <input type="checkbox"/> Thrive <input type="checkbox"/> Daybreak <input type="checkbox"/> Nightfall	\$19.95	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT INFORMATION

NAME ON CARD – First Name: _____	Last Name: _____
Billing Address: _____	
City: _____	State / Province: _____
Other: _____	Zip / Postal Code: _____
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #: _____	Expiration Date (mm/yy): _____ CVV#: _____
I authorize my card to be billed "monthly" according to my selection above.	
Signature: _____	Date: _____