



9538 E. Hidden Hill Lane
 Lone Tree, CO 80124
 Telephone - Orders: 866-426-3090
 Customer Service: 866-742-1185
 Fax No: 303-734-9402
 Email: biogreencs1@aol.com

Independent Associate Application Form

ENROLLMENT INFO. APPLICANT'S INFORMATION

Social Security #	Date Of Birth
Name	Phone – Home
E-mail	Phone – Cell
Doing Business As	Resale Tax # (Please include copy of resale license)
Mailing Address	Ship To / Street Address
City, State, Zip	City State, Zip
Spouse/Partner	Social Security #
Enrolled By: Gordon & Wendy Fjeld	PIN # 4735393000
Sponsored by: (Placed under)	PIN #

Yes, I would like to participate in the **Bonus Assurance System of Enrollment (B.A.S.E.)** program. This program has been designed for my protection to help ensure I have met my monthly **Purchase Volume (PV)** requirement to receive any bonuses, which might be due. I understand my participation in the **B.A.S.E.** program is required if I wish to participate in the business program, car bonuses, contests, and other benefits reserved for **B.A.S.E.** participants.

I further understand I may cancel my participation in the **B.A.S.E.** program, at any time, by forwarding a **WRITTEN** request for cancellation to BioGreen Systems Inc., this may be sent to the above address or may be received at the above fax number

NOTE: REQUESTS FOR CANCELLATION MUST BE RECEIVED IN THE BIOGREEN CORPORATE OFFICES DURING THE MONTH IN WHICH IT IS TO TAKE EFFECT.

Enrollment & B.A.S.E. Paks	United States		Extended Wholesale
	Purchase Volume	Wholesale	
<input type="checkbox"/> Pak #6050 MPB	\$25.00	\$36.00	\$
<input type="checkbox"/> Pak #6052A	\$25.00	\$36.00	\$
<input type="checkbox"/> Pak #6050B MPB	\$100.00	\$125.00	\$
<input type="checkbox"/> Pak #6052B	\$100.00	\$125.00	\$
	3.8% Tax (Colorado Res. Only)		\$
	(Shipping charges will apply for Alaska/Hawaii)		FREE SHIPPING Continental US \$
	Amount of my Total B.A.S.E. Authorization		(A) \$

I wish to pay for my monthly B.A.S.E. shipment in box **(A)** above by:

Credit Card /Debit Card: __ MasterCard __ VISA __ Discover __ American Express

Primary Card Number: _____ **Exp Date:** _____

Please **Print Name** On card: _____

Authorized Cardholders Signature: X _____

I hereby apply to become an Independent Associate in the BioGreen program as a distributor of BioGreen product and services. My signature indicates that I have read, understand, and agree to the terms and conditions set forth on the reverse side of this application.

X _____
 Applicant's Signature Date

ACCOUNT INFORMATION B.A.S.E. INFORMATION