AMSOIL INC.

Applicant's Signature

AMSOIL e-Doc

REGISTRATION APPLICATION

(for the United States and Puerto Rico)

Spouse's Signature (if held jointly)

AMSOIL BUILDING • SUPERIOR, WI 54880 (for the United States and Puerto Rice)
Complete Parts A and B, then select and complete Option #1 (Preferred Customer) or Option #2 (Dealership).

Part A SPONSOR INFORMATION (To be completed by Spons	,
SPONSOR Z.O. NO. NAME (Last, First)	sor)
SPONSOR Z.O. NO. NAME (Last, First) 4 0 1 0 3 7 Mann, Dave	
,	
DIRECT JOBBER Z.O. NO. NAME (Last, First) 4 0 1 0 3 7 Mann, Dave	
Part B APPLICANT INFORMATION (To be completed by Prefe	erred Customer or Dealer)
NAME (Last, First, Initial)	erica dustomer of bealery
SPOUSE (First, Initial)	PHONE NO.
STREET ADDRESS	E-MAIL
CITY	STATE ZIP CODE
<u> </u>	
Option #1 CHECK HERE FOR PREFERRED CUSTO	MER OPTION (No signature required for Option #1)
As a preferred customer you are entitled to purchase AMSOIL products at w	
time, but will have the ability to upgrade your membership status at any time and earn commissions.	e in order to sell AMSOIL products, establish commercial and retail accounts
\$10 for a six-month trial Preferred Customer membership and starter	Enclosed Check # for \$
\$10 tot a six-month that Freiened Customer membership and states	Visa/Discover/MasterCard #
\$20 for a twelve-month regular Preferred Customer membership Star	rter Kit. Expiration Date #
Mail in this application with a check or fax to 715-392-5225 or call 800-777-	7094 for (Signed Uniform Sales and Use Tax Certificate RESALE TAX NO.
payment with Visa, MasterCard or Discover Card. Allow up to five business activate account and sufficient mailing time for your starter kit to arrive.	Form Must Be Attached if Applicable.)
Ontion #2	N = 1
Option #2	, , , , , , , , , , , , , , , , , , , ,
,	Shimorolar and Totali decounts and carn commissions.
SUCIAL SECURITY NO. SPOUSES SO	CIAL SECURITY NO. DATE OF BIRTH
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