BioGreen™ Systems, Inc.

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

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 #

Enrollment Info.

Enrolled By:	PIN #
Sponsored by: (Placed under)	PIN #

B.A.S.E. Information

❑ Yes, I would like to participate in the **B**onus **A**ssurance **S**ystem of **E**nrollment **(B.A.S.E.)** program. This program has been designed for my protection to help ensure I have met my monthly **P**urchase **V**olume (**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 Purchase Volume	United States Wholesale	Extended Wholesale
❑ **Pak #6050 MPB**	$25.00	$36.00	$
❑ **Pak #6052A**	$25.00	$36.00	$
❑ **Pak #6050B MPB**	$100.00	$125.00	$
❑ **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)** $

Account Information

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