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toll free (888) 852-1882

## Distributor Application & Kit Request

Date \_\_\_\_\_

Please type or print and fill in completely

Legal First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing/Shipping Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reference and Emergency Contacts: Please provide Name, Address, and Phone number.

Reference #1 \_\_\_\_\_

Reference #2 \_\_\_\_\_

I have chosen:  **Base Starter Kit - ~~\$300.00~~ \$250.00** (shipping \$18.00)  **Premier Starter Kit - ~~\$500.00~~ \$450.00** (shipping \$25.00)

The kit cost \$ \_\_\_\_\_

Sales tax of \$ \_\_\_\_\_

**Special Starter Kit - \$150.00**  
(shipping \$13.00)

Shipping \$ \_\_\_\_\_

Balance Due \$

I choose to pay by: Cashier's Check or Money Order (payable to Fantasy, Inc.)

**No Personal Checks Accepted**

Visa MasterCard American Express Discover/NOVUS

For your protection, if ordering on-line please do not include your credit card information. Our home office will contact you for this information.

Credit Card # \_\_\_\_\_ CVV2# \_\_\_\_\_ Exp. Date \_\_\_\_\_

I certify that the information provide is correct and true to the best of my knowledge. I understand and accept the terms and conditions of the Fantasy, Inc. Distributor Agreement and the Fantasy, Inc. Rules and Policies. I will conduct my business in accordance with the company code of ethics and policies. Fantasy, Inc. is in the business of selling adult novelties, books, videos, lotions, and other related products. I understand that as a Fantasy, Inc. Distributor I will be an Independent Contractor, not an employee, agent, or partner and, as such, will be solely responsible for any and all taxes, licenses, and/or permits required by all government agencies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications submitted thru the web or e-mailed do not require signature.

Sponsor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I verify the applicant understands the Fantasy, Inc. career opportunity and recommend Company acceptance of applicant.

Sponsor's Name and Phone Number \_\_\_\_\_