



ARIIX

563 W 500 S, SUITE 300
BOUNTIFUL, UT 84010 USA

COUNTRY/MARKET TRANSFER FORM

I, _____, desire to transfer the registered country of my ARIIX account ID _____
from _____ to _____.

CURRENT ADDRESS			NEW ADDRESS		
ADDRESS _____	ADDRESS _____		ADDRESS _____		
CITY _____	CITY _____		CITY _____		
STATE ____ ZIP ____ COUNTRY _____	STATE ____ ZIP ____ COUNTRY _____		STATE ____ ZIP ____ COUNTRY _____		
PHONE NUMBER _____	GOVERNMENT ID (IF REQUIRED) _____				

REASON: _____

I also agree to pay a transfer fee of \$100.00 to ARIIX prior to completing the transfer of registered country.
I agree to have the charge go to the card on file ending with _____(last 4) or process the charge on the
following card:

NAME ON CARD _____	SIGNATURE _____
CREDIT CARD # _____	DATE _____
EXP. _____ CVV _____	