DISTRIBUTOR MEMBERSHIP FORM

DAXEN, INC.
661 Brea Canyon Road, Ste. 6 • Walnut, CA 91789
OFF (909) 348-0188• FAX (909) 348-0189

DISTRIBUTOR ID NUMBER

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST) OR NAME OF BUSINESS ENTITY

SOCIAL SECURITY NUMBER OR BUSINESS ENTITY ID No.
(*THIS INFORMATION IS REQUIRED TO QUALIFY AS A DISTRIBUTOR*)

DATE OF BIRTH
(MM/DD/YY)

MAILING ADDRESS

CITY | STATE | ZIP/POSTAL CODE | COUNTRY

PHONE NUMBER

FAX NUMBER

CELLPHONE / BUSINESS

E-MAIL

2. SPONSOR / PLACEMENT INFORMATION

SPONSOR ID NUMBER

SPONSOR PHONE NUMBER

SPONSOR NAME (LAST, FIRST, MIDDLE)

3. AGREEMENT

This Agreement is entered into between the APPLICANT, named above (hereafter "APPLICANT") and DAXEN, INC. The parties agree:

APPLICANT hereby applies as a DXN DISTRIBUTOR (Independent Distributor) in DAXEN INC. APPLICANT is authorized as a DXN DISTRIBUTOR (Independent Distributor) and granted the rights to sell DAXEN INC. products. DAXEN INC. reserves the right to accept or reject any application for any reason, in accordance with the terms and conditions set forth in the DAXEN INC. Policies and Procedures, as such now exists or may hereafter be amended.

By Submitting this application and any order associated with it, I attest that the information contained in it is complete and true, and that I am at least 18 years of age. I understand that the DXN Business Plan. I understand and agree with the "BASIC AGREEMENT" stated at the back of this form. I understand that this application/order is binding upon me as a DXN DISTRIBUTOR. I agree to comply with the DAXEN INC. Policies and Procedures as they are currently written and as they may be amended by DAXEN INC.

Any DXN DISTRIBUTOR may cancel their membership at any time by submitting their resignation in writing to the Country Manager.

APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE