



## EPXBODY REGISTRATION FORM

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_

Barbados ID Number \_\_\_\_\_

EPX USER NAME REQUIRED \_\_\_\_\_

YOUR LOGIN PASSWORD \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PLEASE SELECT ONE OF THE FOLLOWING:

DISTRIBUTOR  PREFERED CUSTOMER

\$40 ONE80  \$100 ONE80 (3 Months)

\$110 SUPPLEMENT \_\_\_\_\_

SPONSOR NAME \_\_\_\_\_

SPONSOR USERNAME \_\_\_\_\_

Your Signature .....

Date.....