



Associate Application

Applicant Information

Full Name: Last First M.I.
Address: Street Address Apartment/Unit #
City Province/State Postal Code/Zip Code
Home Phone: ( ) Cell: (Optional) ( )

Contact Information on Insert

Each Associate is allowed up to three lines for their insert. Keep in mind the information should represent the easiest way for customers to contact you for the KD Cloth. For example: Name / Phone # / Email

Line 1 Line 2
Line 3

Introducing Associate

From whom did you hear about the Incredible KD Cloth?

KD Cloth Associate
Other

Quantity of Cloths

How many KD Cloths would you like to purchase? (250 or more are required to have your contact information printed on the insert)

100 250 500 1000 2000

Method of Payment

Visa Mastercard Interac e-Transfer ( 2% Discount )

The forms can be returned to us by one of the following methods.

- The signed documents can be scanned and returned in an e mail to jugarsales@gmail.com
The signed documents can be returned by fax 1-888-844-5868
The signed documents can be returned by mailing to

JUGAR Sales Ltd.
54 Beckwith St. N. PO Box 9012
Smiths Falls, ON.
K7A 0A3

Applicant Signature Date