



5595 Equity Ave. Suite 500, Reno, NV 89502
 Ph: (775) 335-4700 Fax: (775) 335-4750

FORM 1008 SUPERVISOR APPLICATION

Year and Month of Qualification _____

Supervisor Application Information

Social Security Number: _____ Home Phone Number: _____

Name of Applicant: (Last, First, Initial) _____

Sponsor Information

Social Security Number: _____

Name of Sponsor: (Last, First, Initial) _____

I hereby make application to become an Omnitrition Supervisor. Listed below is my method of qualification. Check one box:

- ONE-MONTH QUALIFICATION
 (Achieve a minimum of \$4,000 Personal/Group Volume in one calendar month, at least \$1,000 of which is Unallocated Volume.)
- FIRST MONTH OF A TWO-MONTH QUALIFICATION
 (Achieve a minimum of \$2,500 Personal/Group Volume in one calendar month, at least \$1,000 of which is Unallocated Volume.)
- SECOND CONSECUTIVE MONTH OF A TWO-MONTH QUALIFICATION
 (Achieve a minimum of \$2,500 Personal/Group Volume in one calendar month, at least \$1,000 of which is Unallocated Volume.)

Total Personal Sales Volume for this Month

Volume that you have purchased and have personally retailed or have in inventory: \$ _____

Order Number (Or upline's name if purchased from upline)	Date	Amount
1.)		
2.)		
3.)		
4.)		
5.)		

List the Total Personal/Group Volume achieved by non-Supervisor Distributors in your Personal Group Organizations.

Distributor's Name	Unallocated Sales Volume	Allocated Sales Volume
1.)		
2.)		
3.)		
4.)		
5.)		
Totals		

Qualification Calculations

Total Volume \$ _____
 Must be at least \$4000.00 for one-month qualifying period or \$2500.00 in each of two consecutive qualifying months.

Unallocated Volume \$ _____
 Must be at least \$1000.00 in each qualifying month.

Rules and Regulations

1. Attach copies of all orders used for qualifying in which were purchased from your upline.
2. All Supervisor Applications must be received by Omnitrition no later than the 5th day following any qualifying month.
3. Do not include amounts in subtotals (Volume purchased or have personally retailed) which have been sold downline and are included in the allocated totals or unallocated totals.

By my signature below, I understand and agree that should Omnitrition International, Inc. ("Omnitrition"), accept this Supervisor Application, it will be subject to the terms and provisions of the Rules and Regulations, Policies and Procedures, Compensation Plan, company literature and product prices in effect at the time this application is accepted or as subsequently amended, upon notification of such change is through official Omnitrition literature, voice mail messages, or conference calls.

Applicants Signature _____

Date _____

Co-Applicants Signature (not mandatory) _____

Date _____

Please complete this form and mail it to 5595 Equity Ave. Suite 500, Reno, NV 89502 or you may fax it to 775-335-4750 Attn: Commissions Department.