



CHANGE OF ADDRESS FORM #1035

When a change of address is required, the following procedure must be followed in order that the appropriate changes can be made to Omnitrition's Independent Marketing Associate Records File.

1. Complete the form in its entirety.
2. Mail or fax the form to Omnitrition.

YOUR NAME: _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____

PREVIOUS ADDRESS: _____
STREET APT. NO.

CITY STATE ZIP CODE

AREA CODE HOME PHONE NUMBER AREA CODE WORK PHONE NUMBER

(No Post Office Boxes may be used for shipping)

NEW ADDRESS: _____
STREET APT. NO.

CITY STATE ZIP CODE

AREA CODE HOME PHONE NUMBER AREA CODE WORK PHONE NUMBER

COUNTY

YOUR SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

IF THE DISTRIBUTORSHIP HAS A CO-APPLICANT, BOTH IMA'S MUST SIGN.