

partygals[®] *Distributor Application*

Name : _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if Different) : _____

City: _____ State: _____ Zip: _____

Social Security # _____ - _____ - _____

DOB: ____/____/____ Email: _____

CC #: _____ EXP: ____/____ CVV: _____

1st Choice Website name (free for 30 days \$ 14.95/month thereafter)

VIP sites also available for \$19.95 month

http://www.PartyGals.biz/ _____

Email _____@Partygals.biz

Thank You!

Please fax to Miyoko at (888) 294-9049
A Corporate Sales Rep will provide you with your login and password
within the next 24-48 hours!