Biometics International, Inc.
Fax: 707-220-4187
E-mail: BecksBiometics@BeckInc.com

Preferred Customer Application

I. Preferred Customer Information (Please Print)

Applicant Social Security # ___ • ___ • ____

Date (mm/dd/yy) ___ / ___ / ___

Name - Last, First, Middle Initial _____ MI •

Mailing Address _____ Apartment # _____

City _____ County _____ State ____ Zip Code _____ • ____

Home Phone # ___ • ___ • ____ Fax # ___ • ___ • ____

Name of Initiating Distributor - Last, First, Middle Initial _____ • Distributor I.D. # _____

Payment Type: (Please check one)

☐ Cash ☐ Money Order ☐ Check ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Credit Card # _____ Exp. Date mm/yy ____

Print Name as it appears on Credit Card _____

X _____
Authorized Signature

II. Shipping Information

Ship to Name: Last, First, Middle Initial _____ MI • Shipping Phone # ___ • ___ • ____

Shipping Address if different from above - (Note: Shipments cannot be made to P.O.Box) _____ Apartment # _____

City _____ County _____ State ____ Zip Code _____ • ____

_____
Email (to receive shipment confirmation via e-mail)

Signing and submitting the above application and the $10 membership fee provides the new Preferred Customer with a 15% discount on all commissionable products. The term of this Agreement is for one (1) calendar year.

I understand that I must renew this Agreement during the same month of my renewal anniversary date every year with the required renewal fee. I may choose to become a Biometics Distributor at any time. If I do so within 90 days of my enrollment in the Preferred Customer Program, the paid $10 membership fee will be applied toward my Distributor fee.

_____ Signature

_____ Date

Fill out above application, read, sign and send with the application fee (check payable to Biometics) to:

Beck's Biometics • P.O. Box 2214 • Cumming, GA 30028