

# Request for the Sale or Transfer of a Promoter Position



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Last Name		First Name		Middle Initial
Business Name (If Applicable)		Promoter ID Number		
Street Address (P.O. Boxes cannot be used)		City	State	Zip
Email Address	<input type="checkbox"/> Social Security Number or <input type="checkbox"/> Federal Tax ID Number		Home Telephone	
Mobile Phone	Birthdate		Other Number	
I REQUEST PERMISSION TO SELL OR TRANSFER PROMOTER POSITION TO:				
Last Name		First Name		Middle Initial
Business Name (If Applicable)		Promoter ID Number		
Street Address (P.O. Boxes cannot be used)		City	State	Zip
Email Address	<input type="checkbox"/> Social Security Number or <input type="checkbox"/> Federal Tax ID Number		Home Telephone	
Mobile Phone	Birthdate		Other Number	

I REQUEST PERMISSION TO SELL OR TRANSFER MY PROMOTER POSITION FOR THE FOLLOWING REASONS:

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Seller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be sure to include the following for the sale or transfer to be considered for approval:

- Fully signed and executed Promoter Application for "Purchaser"
- Notarized terms of sale between "Seller" and "Purchaser" (Drafted contract outlining sale price and other considerations of the transfer)
- \$100 administrative fee will be applied on all sale or transfer of position
- To become qualified, you must purchase a Qualifying Promoter Pack at time of transfer.

XIP4Life reserves the right to review the sale or transfer and verify approval from the upline. XIP4Life must approve all sales and transfers. Please indicate payment information below:

PAYMENT OPTIONS:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
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Card Number	Expiration Date	CVV
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Authorized Signature: \_\_\_\_\_ Billing Address & Zip: \_\_\_\_\_
