MANNATECH

FOR OFFICE USE ONLY/ACCOUNT NUMBER

ENROLLER CHANGE REQUEST

Enroller changes WILL NOT be accepted or approved by the Company except in the following circumstances:

- Within the current month, an Enroller change may be requested by the applicant and/or listed Enroller via e-mail.
- After the seven (7) business days allowance, the Enroller Change Request must be submitted with the Enroller Change Request form.
- In case of Associates registering the last week of any month, the seven (7) business days allowance will be limited to the end of that month.
- **Enroller Change Requests submitted after the hard close of that month will be denied.**
- The Enroller Change Request fee listed below will be waived for any Enroller Change Requests submitted with a Position Transfer Request or Position Sale form.
- The new Enroller **MUST BE** in the same upline organization as the Associate whose Enroller information you are requesting to change.

REQUESTED BY: NEW ENROLLER (PLEASE PRINT)

LAST NAME

FIRST NAME

ACCOUNT NO.

PHONE NO.

FAX NO.

ACCOUNT NO. NEEDING ENROLLER CHANGE (PLEASE PRINT)

ACCOUNT NO.

Statement: By signing this form, we agree to the Associate above changing his/her Enroller from

CURRENT ENROLLER ACCOUNT NO.

to

NEW ENROLLER ACCOUNT NO.

Approval Signatures: (Associates who submit forged signatures to Mannatech are in violation of state and federal laws, and may be subject to immediate termination.) **All signatures must be provided or the request will be denied.**

Account No. Changing Enroller: _____
ACCOUNT NO.

Current Enroller: _____ (PRINT NAME) _____ (ACCOUNT NO.) _____ (SIGNATURE)

1st Upline Presidential Director: *If Enroller is inactive/terminated* _____ (PRINT NAME) _____ (ACCOUNT NO.) _____ (SIGNATURE)

New Enroller: _____ (PRINT NAME) _____ (ACCOUNT NO.) _____ (SIGNATURE)

Brief explanation for request: (Please do not use more than the space provided below)

_____

_____

PAYMENT INFORMATION—CREDIT CARD ONLY

PLEASE COMPLETE ALL INFORMATION BELOW AND AT RIGHT.

**Fee will only be charged if outside of guidelines and research necessary.*

Enroller Change Fee* $25.00

State & Local Sales Tax $_____

Total Amount Due $_____

The first (7) business days from registration will be free of charge.

❑ VISA® ❑ MASTERCARD® ❑ DISCOVER® ❑ AMERICAN EXPRESS®

NOTE: For your protection, Mannatech reserves the right to hold credit card orders for address verification. Declined credit card orders will be held for authorization for 10 business days. If we are unable to obtain an authorization, we will cancel the order.

CREDIT CARD NUMBER

EXP. DATE ____ - ____

X _____
ACCOUNT HOLDER SIGNATURE DATE

ACCOUNT HOLDER NAME PRINTED

ACCOUNT HOLDER BILLING ADDRESS

Please fax the completed form to **972-471-7472**, attention **Business Systems Process Analyst**.

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