



# Associate Placement Form

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*Incorrect or incomplete information could delay the processing of this application.*

## SPONSOR CHANGE

CURRENT SPONSOR NAME (LAST, FIRST, MIDDLE) or NAME OF BUSINESS ENTITY	DISTRIBUTOR ID#
SPONSOR SIGNATURE	
NAME OF NEW SPONSOR	DISTRIBUTOR ID#
NAME OF SPONSORED	DISTRIBUTOR ID#

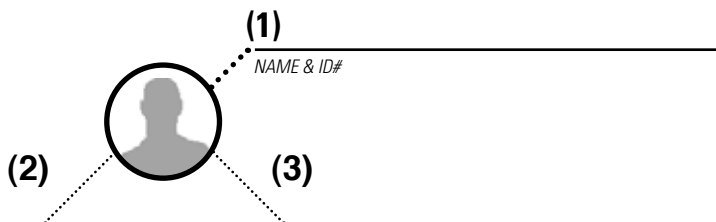
## BINARY MOVE (ALL FIELDS MUST BE COMPLETED)

NAME OF SPONSOR OF ASSOCIATE BEING MOVED (You must be the sponsor of the associate being moved)	DISTRIBUTOR ID#
SPONSOR SIGNATURE	
NAME OF ASSOCIATE BEING MOVED (2)	DISTRIBUTOR ID#
WHERE YOU WOULD LIKE THEM MOVED: ASSOCIATE NAME (1)	DISTRIBUTOR ID#
<b>* MUST CHECK ONE</b> <input type="radio"/> Left (2) <input type="radio"/> Right (3)	

### PLEASE ILLUSTRATE MOVE BELOW

(1) Fill in the appropriate Associate who you would like moving Associate placed under.

(2) Illustrate placement. include Associate Name and Distributor ID#.



## TERMS AND CONDITIONS

- All move requests/sponsor changes must be submitted within 7 days of original placement. if submitted after 7 days, the move/change will be subject to MXI management approval.
- Note that you must be the sponsor of the Associate being moved or the submission can not be processed.  
Please fax completed form to: 775-996-7255