REFERRAL NAME	REFERRAL RTPR 8 DIGIT	ONII INIE ID	
KEFEKKAL NAWE	KELEKKAL KILK O DIGIT	ONLINE ID	

OFF-LINE VENDOR SIGN-UP

Once this form has been processed and your account has been established, you will receive an email confirmation of your order and Vendor Access. Vendor Control Panel access will be done by using the Email Address specified below as your login Username, please ensure it is correct and legible.

BILLING ADDRESS (must match info on check or card)				SHIPPING ADDRESS (if different from billing address)	
CONTACT NAME					
BUSINESS NAME					
ADDRESS					
CITYST	ATE ZIP				
PHONE EN	MAIL				
To become a Vendor by purchasing one of the kits be	low, you must agree to the Vendor Ten	ms of Service բ	oosted in your Vei	ndor Control Panel.	
	Cives you eventhing you	QTY	PRICE	LINETOTAL	
	Gives you everything you need to sample and sell to Friends, and Family.				
Vendor Basic Starter Kit:	- Qualifies you for Vendor Program for a Full Year		\$249.95		
To see a current list of items included in the Vendor Basic Starter	- Purchase product at Wholesale Price				
please visit: https://rtpr.com/store/vendor-basic-starter	- Eligible to Earn Gold, Platinum, Ruby and Diamond Status				
	- Provides everything you need to participate in the Gift Card Program				
	Gives you everything you need to sample and sell to Friends, and Family.				
Vendor Advanced Starter Kit:	- Qualifies you for Vendor Program for a Full Year		\$499.95		
To see a current list of items included in the Vendor Advanced Starter Kit, please visit: https://rtpr.com/store/vendor-advanced-starter	- Purchase product at Wholesale Price		Ψ+99.93		
	- Eligible to Earn Gold, Platinum, Ruby and Diamond Status				
	- Provides everything you need to participate in the Gift Card Program				
			ver \$1,500 = \$100.00		

PAY BY CHECK (will take longer to process)

- 1. Make check payable to RTPR, LLC
- 2. Sign and date below
- 3. Mail check and this form to our Processing Center:

RTPR, LLC P.O. Box 798 Cabot, AR 72023

PAY BY CREDIT CARD

Circle one: VISA MASTERCARD AMX

Card #: ____

Expiry date: Mo_____ Yr ___

Code (on back of card) ____

Sign and date below to authorize processing of your order: