

# ENROLLMENT FORM



## ENROLLMENT TYPE:

Affiliate  Customer

## PERSONAL INFORMATION:

Placement:  Left Leg  Right Leg

Enroller ID # or Username: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## PAYMENT:

Credit Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I agree to authorizing MyDailyChoice to use my card as my primary method of payment on file for future purchases. I understand that this payment method can be updated at a later date and other payment methods may also be used. Additionally, I authorize MyDailyChoice to send me company-related emails and have verified that all of the above information is correct.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## ACCOUNT INFORMATION:

Username: \_\_\_\_\_

Password: \_\_\_\_\_

## TERMS AND CONDITIONS:

I understand that by signing above, that I have read and agree to abide by the MyDailyChoice Policies & Procedures, and that this enrollment form is abbreviated and not intended as a substitute for full disclosure of the MyDailyChoice Policies & Procedures.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## RETURN POLICY:

Federal and state law requires that a Retail Customer who makes a purchase of \$25.00 or more has three business days (excluding Sundays and legal holidays) (5 business days for Alaska residents and 15 business days in North Dakota for Individuals age 65 and older) after the sale or execution of a contract to cancel the order and receive a full refund consistent with the cancellation notice on the order form or sales receipt.

## PRODUCT GUARANTEE:

All of the MDC physical products have a (60) day return policy for a refund, less the cost of shipping & handling.  
All of the MDC digital products have a (14) day refund policy. For assistance with a return or refund, call +1 (888) 877-5436 or email Support@MyDailyChoice.com.