72 HOUR CORRECTION REQUEST



168 South Main Street 9th floor, Salt Lake City UT 84101 • Telephone: (801) 316-638

OFFICE USE ONLY

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 1. The following must be included to correct errors of Sponsorship/Placen 72 Hour Correction Request Form A copy of the Max International Associate Application signer 		onsorship/placement.
2. The Request must be received by Max International Compliance by 12 The fax number is 801.727.2575 .	noon Mountain Time on the 3rd business day follo	wing the error.
3. Max International is not responsible for incomplete, incorrect, or lost re-	quests.	
4. The changes will be made upon approval of Max International Compliar (See Policies & Procedures: Sponsor and Placement).	nce and may affect commissions	
SPONSOR REQUESTING CHANGE		
Name	Associate ID	Date
Email	Phone	<u> </u>
Signature All parties are in acknowledgement of this change, if Max International disc make any and all changes including any disciplinary actions that can be fou		International reserves the right to
ASSOCIATE / PREFERRED CUSTOMER TO	BE CHANGED	
Name	Associate/Preferred ID	Enrollment Date
Email	Phone	
SPONSOR CHANGE REQUEST	·	
Current Sponsor Name		Associate ID
New Sponsor Name		Associate ID
PLACEMENT CHANGE REQUESTED		
Current Direct Binary Upline Name	Current Direct Binary Associate ID	☐ Left Leg ☐ Right Leç
Requested Direct Binary Upline Name	Requested Direct Binary Upline Associate ID	☐ Left Leg ☐ Right Leg
REASON	Date Re	ceived