



VASAYO
DELIVERING SOLUTIONS

Brand Partner Registration Form

BRAND PARTNER

NAME		USER NAME (no special characters ie. * ? @ \$)	
PASSWORD (30 characters, one word, at least (1) capital letter and (1) number)			
SPONSOR		SPONSOR USER NAME (if available)	
BILLING ADDRESS			
CITY	STATE	ZIP	
SHIPPING ADDRESS (if different than billing)			
CITY	STATE	ZIP	
DATE OF BIRTH	SECURITY QUESTION: (What was your first car or what was your high school mascot?)		
CELL PHONE		EMAIL	

PAYMENT

NAME ON CREDIT CARD	
CIRCLE CREDIT CARD TYPE AMEX MASTER CARD VISA DISCOVER	
CREDIT CARD NUMBER	
EXPERATION DATE	CVV

*** This information will not be shared with anyone and will be destroyed once it is entered into the system.**