

DESTINY TELECOMM INTERNATIONAL, INC.

INDEPENDENT REPRESENTATIVE APPLICATION AND AGREEMENT

To avoid delays, please type or use black ink and print clearly. Review for accuracy before submitting. **Do not** fax more than once unless requested by the Destiny Telecomm office. If application is faxed in, **do not** mail the original. To get your ID #s and counts, call the Home Office or for faster service, call the ID# / Leg Count Magic Number 701-9267 from your Magic Number by 12:00 pm PST, and we will reply directly to your Magic Number by 6:00 pm PST. When submitting multiple apps, please include a growth chart.
Social Security # or Federal ID # (If applicable)

Page _____ of _____

Name of Independent Representative (Last, First, Middle Initial) or Company Name

(Area Code) Home Phone #

(Area Code) Business Phone #

Address (Mailing) (We cannot ship supplies to P.O. Boxes)

Address (Shipping)

City

State

Zip

City

State

Zip

Name of Sponsor (Last, First, Middle Initial)

(Area Code) Sponsor's Phone #

Sponsor's Destiny Telecomm # (Required)

Sponsor's Social Security # (or FIN #)

YES! I hereby apply to become an Independent Representative of Destiny Telecomm International, Inc.

YES! Please enroll me in the Destiny Telecomm Automatic Re-Entry into Phase 1, 2, & 3.

YES! Please waive my three day right to cancel and rush my order ASAP (See "Note" Below)

NOTE: You may cancel this transaction without penalty or obligation no later than midnight of the third business day subsequent to the date of this order. To cancel this order you may mail, wire, deliver, telegram, or fax a signed and dated written notice to Destiny Telecomm at the address below. All orders will be processed on the 3rd business day after receipt, unless 3 day right to cancel is waived (see above).

I hereby apply to become an Independent Representative of Destiny Telecomm International, Inc. and have read, understand and accept all the terms and conditions as listed on the back of this agreement.

Signature _____

Date _____

Payment Information: Make Money Orders & Cashier's Checks Payable to "Destiny Telecomm International, Inc." (DO NOT FAX Money Order & Cashier's Check applications. These applications will be processed when received by mail.) Credit card orders may be faxed.

Credit Card #

Exp. Date (Month / Year)

___ Money Order / Cashier's Check

___ Visa* (13 or 16 digit)

___ Master Card* (16 digit)

___ Discover* (16 digit)

___ American Express*

* Note: \$5 processing fee per Business Center for faxed applications

Card Holder's Name

Card Holder's Phone #

Card Holder's Signature _____

_____ \$100 (Single)

_____ \$200 (To Complete Turbo)

_____ \$49.95 Special One-Time 5 Hour _____

_____ \$300 (Turbo)

_____ \$400 (To Complete Super Turbo)

Collectable "Freedom" Card

_____ \$700 (Super Turbo)

_____ \$600 (To Complete Super Turbo)

Destiny Telecomm International, Inc., 100 Hegenberger Rd., Suite 115, Oakland, Calif. 94621

Phone 510-635-4100 Fax 510-635-4400

02.28.96