



Millionaires In Training (MIT) Application

PRE-LAUNCH

EFFECTIVE JUNE 1- JUNE 30, 2009

VALIDITY OF THIS FORM MUST REFLECT THE APPROVAL OF ZIJA MANAGEMENT

APPLICANT INFORMATION (required)

| | | | | |
|--------------------------------|------------------------------|--------------------------|--|----------------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | BUSINESS NAME (IF DIFFERENT FROM APPLICANT'S NAME) | SOCIAL SECURITY NO. or TIN |
| MAILING ADDRESS | | | SHIPPING ADDRESS (IF DIFFERENT FROM MAILING) | |
| CITY | STATE/PROVINCE | ZIP/POSTAL CODE | COUNTRY | CITY |
| | | | | STATE/PROVINCE |
| | | | | ZIP/POSTAL CODE |
| | | | | COUNTRY |
| PHONE NUMBER (REQUIRED) () | CELL PHONE (REQUIRED) () | EMAIL ADDRESS (REQUIRED) | | |

SPONSOR INFORMATION (required)

| | | |
|----------------|--------------|---------------------|
| SPONSOR'S NAME | PHONE () | SPONSOR'S ID NUMBER |
|----------------|--------------|---------------------|

PLACEMENT INFORMATION (required)

Based on the information provided in this section, you will be placed in the first available Left or Right position of the name and ID number provided below.

| | | |
|----------------|---------------------|---|
| PLACEMENT NAME | PLACEMENT ID NUMBER | CIRCLE CHOICE (REQUIRED) LEFT RIGHT |
|----------------|---------------------|---|

PRIVILEGED POSITIONING RANK IS: SILVER

SPECIAL MIT APPLICANT BENEFITS AND PRIVILEGES

This MIT member will be eligible to qualify for the following:

1. Access to the million dollar marketing budget as per guidelines.
2. Privileged Positioning to the Silver Rank in the ZIJA Compensation Plan. (There is no income cap from Builder through Silver)
3. MIT leadership will share in an exclusive bonus that will be unveiled in the summer of 2009.
4. Special recognition as an MIT Member.
5. All MIT members will be granted free access to a high powered recruiting system that is currently being built. This system is valued at \$299.00.

**** Mit members are an exclusive group associated with Zija Power, OTW, and Zija International and will be empowered with special tools, communications, and marketing resources to grow their business.*

Please complete and sign both pages of this form.

Fax both pages of this Signed and Completed form to Zija at: 801-494-2323

TIME/DATE STAMP

This agreement is being executed between you, _____ (hereinafter referred to as "you"), and a Corporate Representative of Zija Power and Zija International, Inc.

ZIJA (hereinafter referred to as "Corporate Representative") with the appropriate authority to perform such actions. For this reason, we are declaring this arrangement to be of a Non-Disclosure type. Knowledge of this "privileged position" and special applicant arrangement is between you and the authorized Zija International, Inc. and Zija Power Representative.

By having privileged position to Silver Rank you will be entitled to the benefits that Zija International, Inc. provides for that status, which include, but are not limited to, the appropriate percentage of monthly commissions/rebates and bonuses.

By signing this agreement below, I agree to abide by the terms of this document, and the terms in the Zija Policies and Procedures.

I do hereby affix my printed name, signature and date as indicated on the appropriate lines below. This contract is not valid unless all parties have duly authorized this document with appropriate Sponsor and Placement information.

- I must personally be enrolled as a Z5 or greater and be on an active 2-Case Autoship to participate in the MIT Program.
- I must personally maintain a minimum of a 2-case AutoShip that remains uninterrupted for any reason.
- I must provide a valid and accurate payment method to qualify this agreement.

AGREED PERSON

Authorized Signature _____

Printed Name _____

Date _____

CORPORATE REPRESENTATIVE OF ZIJA

Authorized Signature _____

Printed Name _____

Date _____

CORPORATE REPRESENTATIVE OF ZIJA POWER

Authorized Signature _____

Printed Name _____

Date _____

CHOOSE YOUR SMART KIT, AUTOSHIP AND PAYMENT OPTIONS

MIT Z5 Kits (Required)*

You must select **one** of the following:

- 5 Cases of Zija Smart Drink.....\$450
- 5 Cases of XM³\$625
- 3 Cases XM³ & 2 Cases Smart Drink\$555

* Does not include taxes or shipping and handling

MIT Autoship Options (Required)*

You must select **one** of the following:

- 2 Cases of Zija Smart Drink.....\$180
- 2 Cases of XM³\$250
- 1 Case XM³ & 1 Case Smart Drink\$215

* Does not include taxes or shipping and handling

Payment Options (Required)

(You must select one): Visa Mastercard AMEX Discover

By checking a payment box, I authorize Zija to charge my credit card for all selections above, including any applicable shipping/handling charges, and for any monthly Autoship orders.

| | | | |
|-----------------------|------|------------------------------------|-----|
| CREDIT CARD NUMBER | | EXPIRATION DATE | |
| NAME AS SHOWN ON CARD | | SIGNATURE OF CARDHOLDER (REQUIRED) | |
| BILLING ADDRESS | CITY | STATE | ZIP |

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