

How did you learn about or become interested in ATN products?

Do you currently take ATN products or any other nutritional supplements?

_____ YES (ATN) _____ YES (OTHER) _____ NO

If so, what is your personal objective (i.e., weight loss, energy, overall health benefits, etc.)?

If you are currently taking ATN products (or intend to), would you be willing to provide us a testimonial? _____ YES _____ NO, THANK YOU.

PLEASE RETURN THE APPLICATION VIA FAX TO 615.770.2995.

**THANK YOU FOR YOUR INTEREST IN AARON TIPPIN NUTRITION.
A REPRESENTATIVE WILL CONTACT YOU IN THE COMING DAYS.**

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