

DISTRIBUTOR APPLICATION

Please print in ink or type

LAST NAME ()	FIRST Month _____ Day _____ Year _____	MIDDLE Single <input type="checkbox"/> Married <input type="checkbox"/>	DISTRIBUTOR ID #
TELEPHONE NUMBER	DATE OF BIRTH	MARITAL STATUS	
SECONDARY APPLICANT'S LAST NAME	FIRST	MIDDLE	
STREET ADDRESS			EMAIL ADDRESS
CITY	STATE/PROVINCE	COUNTY	ZIP/POSTAL CODE

IF I AM ACCEPTED AS A NEW DISTRIBUTOR, I UNDERSTAND, REPRESENT AND AGREE THAT:

1. I am acting in my own behalf as an individual and I am 18 years of age or older.
2. I have personally attended and received certification at a Company approved certification meeting or by a Company authorized representative.
3. This application shall constitute a binding agreement between Forever Living Products (FLP) and myself at such time as this application is received and approved by FLP's Home Office in Arizona. **I certify that I have not, prior to this date, sponsored into this country and I am using my original sponsor from my Home Country, if applicable.**
4. I am an independent contractor in the business of selling consumer products. I am not an employee or legal representative of FLP for any purpose. I will be responsible for compliance with federal, state and local statutes and regulations, including, but not limited to, those relating to licensing and taxation. I recognize that my remuneration is based on my performance in the sale or delivery of products and not on the number of hours worked or an element of chance. FLP shall not be responsible for withholding or collection and remitting of any taxes unless required by statutes and regulations or by express collection agreement with the relevant authority.
5. There is no required minimum investment or minimum inventory requirement. Any purchases must be in reasonable quantities **in relationship to sales.**
6. I have received and read FLP's „Company Policies”. I agree to operate my business in accordance with these Company Policies, procedures and marketing plan. I understand that my acts, or lack of action, which may result in a misuse, misrepresentation or violation of such policies and procedures can cause the termination of my distributorship by the Company, **including but not limited to, use of unauthorized promotional material.**
7. FLP may, after reasonable notice, change, amend or modify this agreement and its policies, procedures and marketing plan to maintain a viable marketing system, comply with legal requirements or changes in economic conditions, and I shall operate my business in accordance with any such changes, amendments or modifications.
8. To properly represent the Company products and its marketing plan, all forms of advertising, including, but not limited to, audio and video tapes and printed material, must be submitted and approved in writing by an authorized Company representative prior to use.
9. All purchase orders must be accompanied by a cashier's check or money order made payable to FLP for the proper amount, including taxes, if any.
10. I MAY CANCEL THIS AGREEMENT AT ANY TIME EFFECTIVE UPON MAILING WRITTEN NOTICE TO FLP. If I should elect to cancel, all products which I purchased from FLP and which are in my possession in a resalable condition, shall be repurchased in accordance with FLP's policies and procedures.
11. FLP will make its products available to me as a Distributor and credit my sales efforts as set forth in the FLP marketing plan.
12. As long as I am a Distributor and not in violation of this agreement, FLP shall pay me for my successful sales efforts in accordance with the various bonuses established by the FLP marketing plan.
13. This agreement is personal in nature and cannot be assigned or transferred, except in the event of my death, wherein an individual who can qualify as a Distributor may inherit the same.
14. **Couples shall be sponsored together on the same Distributor Application form. Couples cannot sponsor each other. If one of the couple chooses not to be an FLP Distributor, the individual acting as the FLP Distributor expressly agrees and understands that his/her Distributorship may be terminated for any actions taken by the non-distributor individual which would violate Company policies.**

SIGNATURE OF PRIMARY APPLICANT	DATE	SIGNATURE OF SECONDARY APPLICANT	DATE
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SPONSOR'S LAST NAME	FIRST	MIDDLE	ID NUMBER
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STREET ADDRESS	CITY/TOWN	STATE/PROVINCE	ZIP/POSTAL CODE
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DATE CERTIFIED

AREA

WHITE = HOME OFFICE

YELLOW = MANAGER

PINK = SPONSOR

YELLOW = DISTRIBUTOR