

DISTRIBUTOR APPLICATION FOR:

USA/CANADA
OTHER:

SALES LEVEL IN HOME COUNTRY:



FOREVER LIVING PRODUCTS

7501 E. McCormick Parkway • Scottsdale, Arizona 85258
1-888-440-ALOE www.foreverliving.com

Distributor ID#

001

Please print in ink or type

Form fields for applicant information including Last Name, First, Middle, Social Security Number, Telephone Number, Date of Birth, Marital Status, Language Preference, Secondary Applicant's Last Name, First, Middle, Social Security Number, Street Address, Email Address, City, State/Province, County, and 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.
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.
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.
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.
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. All disputes between the Distributor and FLP shall be governed by Arizona law and resolved by binding arbitration in accordance with FLP's dispute resolution policy.
15. Couples shall be sponsored together on the same Distributor Application form. Couples cannot sponsor each other.
16. FLP expects its distributors to conduct themselves with the highest ethics and integrity.

SIGNATURE OF PRIMARY APPLICANT DATE SIGNATURE OF SECONDARY APPLICANT DATE

SPONSOR'S LAST NAME FIRST MIDDLE ID NUMBER
STREET ADDRESS CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE

SPONSOR'S SIGNATURE DATE DATE CERTIFIED AREA