

# Forever Living Products Phils., Inc.

Fourth Floor, GREENTOP CONDOMINIUM, ORTIGAS AVENUE  
 GREENHILLS, SAN JUAN, METRO MANILA 1504  
 TEL. # 723-8390 / 723-2581 / 723-1785 FAX # (632) 723-2664  
 Website: www.foreverliving.com.ph E-mail: flpp@usinc.net

## DISTRIBUTORS APPLICATION

(please print in ink or type)

LAST NAME	FIRST	MIDDLE	TIN NUMBER
SPOUSE'S LAST NAME	FIRST	MIDDLE	TIN NUMBER
STREET ADDRESS		AREA CODE	PHONE NUMBER
CITY OR TOWN		PROVINCE	ZIP/POSTAL CODE

MARITAL STATUS: SINGLE  MARRIED  DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

AS A NEW DISTRIBUTOR OF FOREVER LIVING PRODUCTS PHILIPPINES, INC. ("the Company"), I/WE UNDERSTAND AND AGREE THAT:

- I/we am/are acting in my/our own behalf as an individual and that I/WE AM/ARE 18 YEARS OF AGE OR OLDER.
- I/WE HAVE PERSONALLY ATTENDED AND RECEIVED CERTIFICATION AT A COMPANY APPROVED CERTIFICATION MEETING PRIOR TO SELLING COMPANY PRODUCTS.
- This application shall constitute a binding agreement between myself/ourselves and Forever Living Products (FLP) at such time as this application is received and approved by FLP's Head Office in the Philippines.
- I/WE AM/ARE AN INDEPENDENT CONTRACTOR IN THE BUSINESS OF SELLING CONSUMER PRODUCTS. I/We am/are not an employee or legal representative of FLP for any purpose. I/We will be responsible for compliance with Republic of the Philippines local statutes and regulations, including but not limited to, those relating to licensing and taxation. I/We recognize that my/our remuneration is based on my/our performance of a supervisory, distributive, selling or soliciting function in the sale or delivery of products and not on the number of hours worked or an element of chance.
- THERE IS NO REQUIRED MINIMUM INVESTMENT OR MINIMUM INVENTORY REQUIREMENT. Any purchases shall be in reasonable quantities.
- I/WE HAVE RECEIVED AND READ FLP'S "COMPANY POLICIES". I/WE AGREE TO OPERATE MY/OUR BUSINESS IN ACCORDANCE WITH THESE COMPANY POLICIES, PROCEDURES AND MARKETING PLAN. I/WE UNDERSTAND THAT MY/OUR 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/OUR DISTRIBUTORSHIP BY THE COMPANY.
- I/WE ACKNOWLEDGE THAT 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 REQUIREMENT AND CHANGES IN ECONOMIC CONDITION, AND I/WE SHALL OPERATE MY/OUR BUSINESS IN ACCORDANCE WITH ANY SUCH CHANGE, AMENDMENT OR MODIFICATION.
- I/WE AGREE TO PROPERLY REPRESENT THE COMPANY PRODUCTS AND ITS MARKETING PLAN. All forms of advertising, including, but not limited to, audio and visual tapes and printed materials, must be submitted and approved in writing by an authorized company representative prior to use.
- I/We understand that all purchase orders must be accompanied by cash.
- I/WE MAY CANCEL THIS AGREEMENT AT ANY TIME EFFECTIVE UPON MAILING WRITTEN NOTICE TO FLP. If I/we should elect to cancel, all products which I/we purchased from FLP and which are in my/our possession in a resaleable condition, shall be repurchased in accordance with FLP's company policies and procedures. For this purpose, all products held by me/us for more than 180 days from date of purchase shall be considered not to be in a resaleable condition.
- I/We understand that FLP will make its products available to me/us as a distributor and credit my/our sales efforts as set forth in the FLP marketing plan.
- AS LONG AS I/WE AM/ARE A DISTRIBUTOR AND NOT IN VIOLATION OF THIS AGREEMENT, FLP SHALL PAY ME/US FOR MY/OUR SUCCESSFUL SALES EFFORTS IN ACCORDANCE WITH THE VARIOUS BONUSES ESTABLISHED BY THE FLP MARKETING PLAN.
- I/We agree that this agreement is personal in nature and cannot be assigned or transferred, except in the event of my/our death, wherein the same may be inherited by an individual who can qualify as a distributor.
- Unless otherwise specifically required, this agreement shall be governed by the laws of the Republic of the Philippines.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF APPLICANT'S SPOUSE	DATE
------------------------	------	---------------------------------	------

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

SPONSOR'S SIGNATURE	DATE	For and on behalf of Forever Living Products Philippines, Inc.	
		SIGNATURE	
		DATE	
WHITE - COMPANY	BLUE - DISTRIBUTOR	PINK - SPONSOR	(MM/DD/YY)