



Life Changing, Life Enhancing, Natural Products

Nutraceutical Products Company
735 Park Street, Suite L
Castle Rock, CO 80109
303 660-0562 FAX-ON-DEMAND 303 660-6351
visit us on the net - nupro.net
ORDERS 1 800 704-8910

Date \_\_\_\_\_

Member Application

Reference # \_\_\_\_\_

New Distributor Information

Form with fields: Soc Sec # or Fed ID #, Date of Birth, Name, Business Name, Address, City, State, ZIP Code, Home Phone, FAX #, Work Phone, E-Mail, State Sales Tax Exempt #(Resale License Number)

Copy of License MUST be sent to Nutraceutical Products Company

Enrollment & Sponsor Information

Form with fields: Enrolled by, Enroller ID #

Ship to Address (if different from Distributors address)

Form with fields: Name or C/O, Address, City, State, ZIP Code, Phone Number

I hereby apply to become an Independent Distributor for Nutraceutical Products Company. I have Read, Understood, and Agree to the terms and conditions and Policies and Procedures. Other conditions set forth in this agreement are: (1) I am at least 18 years of age and agree to be an independent contractor, responsible for my own business and not an employee or representative of Nutraceutical Products Company. (2) Distributors are responsible for payment of all Federal and State self-employment taxes and for obtaining any necessary licenses. (3) Distributors without sales tax resale licenses are liable for the payment of all sales tax in their state not withheld by Nutraceutical Products Company. (4) Each Distributor agrees to indemnify and hold harmless Nutraceutical Products Company (and its officers, directors, employees and agents) against any claims, liabilities, obligations, expenses (including attorney's fees) or damages arising out of any representation made by the Distributor in connection with any Nutraceutical Products Company product. (5) Nutraceutical Products Company may terminate any Distributor at any time if the Distributor breaches this Agreement or engages in any conduct that may bring disrepute upon Nutraceutical Products Company. By signing this Agreement /Distributor Application, I hereby Agree to these conditions.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

" Included with this application is \$25 for my Distributor Kit. " Credit Card " Bank Draft " Check Enclosed
If ordering a starter kit, \$25 application fee is included.

Initials Charge to my Visa, MasterCard, Discover, American Express listed below. Please find enclosed check # \_\_\_\_\_

Prior to placing your credit card orders, this form MUST be signed and returned to Nutraceutical Products Company.

Credit Card # \_\_\_\_\_ SIC # \_\_\_\_\_ (3 digit code on sig Exp. \_\_\_\_\_

Authorized Users for your credit card

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

I understand that I will not be present during the transactions. All transactions will take place by mail, phone, FAX or Internet. I understand this agreement will be on file with Nutraceutical Products Company and is valid with all charges incurred by me or my authorized users. This Agreement may terminate upon certified written request which states "I wish to terminate my Credit Card Agreement with Nutraceutical Products Company". Termination of agreement will occur upon receipt of the request. I further understand that there is a 30 day limit on all "protest of charges". Any charge that is questionable must be brought to the attention of Nutraceutical Products Company no more than 30 days after the invoice/credit card charge date, or I agree that the charge is valid and payable.

I have Read, Understood and Agree to all of the above items.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Independent Distributor

Signed \_\_\_\_\_ Date \_\_\_\_\_

Nutraceutical Products Company

Office Use Only

Received \_\_\_\_\_

Entered \_\_\_\_\_

Downline Report \_\_\_\_\_

Dist Kit Inv # \_\_\_\_\_

Letter Sent \_\_\_\_\_

label \_\_\_\_\_