

SPONSOR INFORMATION

Sponsor's Name	Phone	Sponsor's ID Number

PLACEMENT INFORMATION (Placement Name and ID Number optional)

Based on the information provided in this section, you will be placed in the first available Left or Right position of the name and ID number provided below. If no Placement Name or ID is provided in this section, you will be placed in the first available position on the Left or Right side of your Sponsor (listed above).

		CHOOSE ONE
PLACEMENT NAME	PLACEMENT ID NUMBER	(Required) <input checked="" type="checkbox"/> L <input type="checkbox"/> R

APPLICATION INFORMATION

APPLICANT NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DAY PHONE	CELL/FAX	E-MAIL
CO-APPLICANT NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER (optional)	CO-APPLICANT DATE OF BIRTH
NAME OF BUSINESS ENTITY	EIN or Fed ID No.	
SHIPPING ADDRESS	CITY/PROVINCE	STATE/COUNTRY
BILLING ADDRESS (if different)	CITY/PROVINCE	STATE/COUNTRY

APPLICATION FEE PAYMENT

SUBTOTAL	SALES TAX	SHIPPING	TOTAL \$
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I understand the only financial requirement to become a MonaVie Distributor is a \$39 application fee (plus any applicable shipping and tax), which includes a kit containing sales and demonstration materials and company information produced by MonaVie. I understand this kit does not contain commissionable products, and any products purchased in connection with becoming a Distributor are optional. In addition, a yearly renewal fee of \$20 is required to continue as a MonaVie Distributor. I authorize MonaVie to charge the \$39 application fee and the \$20 renewal fee to my credit card as they become due. I understand that the renewal fee is applicable 12 months from sign-up.

Check Number _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX	Where is my CVV code? For Visa, MasterCard, and Discover cards, the CVV code is the last 3-digit number located on the back of your card on or above your signature line. For an American Express card, it is the 4 digits on the FRONT above the end of your card number.
credit card number	cvv code		expiration date		
name (as shown on card)	signature of cardholder		date		

TERMS AND CONDITIONS

I have read and agree to the Terms and Conditions of this document and am familiar with the return policy described in the company's Policies and Procedures. I hereby agree to be bound by the Terms and Conditions, which by reference are fully incorporated into this agreement. I certify that I am the age of majority and am legally able to enter into this contract. I have read and agree to the Company's Policies and Procedures and agree to the terms of confidentiality contained therein.

X	X
date	date

STARTING YOUR BUSINESS

Registration to open your MonaVie Distributorship is \$39. With this you will receive a personalized Virtual Office and various Company Tools. You may also purchase a personalized MonaVie business- and/or retail-only website.

ACCEPTED METHODS OF PAYMENT

1. MonaVie may withdraw funds from your Checking Account, Visa, MasterCard, American Express, Discover/NOVUS, in the amount you have authorized.
2. MonaVie cannot obtain more funds from your account than those you have authorized.
3. MonaVie will charge a shipping fee for all product transactions.
4. If your credit card or ACH (automatic withdrawal) does not clear, you will not receive your products.

ANNUAL RENEWAL

My first year as a MonaVie Distributor is covered by the initial \$39 registration. If within a 12-month period, and each year thereafter, I earn a minimum of \$200 in bonuses, I authorize MonaVie to automatically renew my account for an annual fee of \$20. I further understand that if I fail to renew my annual fee that I will be purged from the system.

WEEKLY COMMISSION CHECKS

I understand that the weekly commissions will be paid by issuing a MonaVie Stored Value Debit Visa Card. Commissions are calculated every Friday and paid the following Friday.

GENERAL POLICIES

1. As a MonaVie Distributor, I acknowledge that I am an independent contractor and not an agent or employee of MonaVie. I understand that I will not be treated as an employee for federal or state tax purposes. I agree to abide by all policies and procedures as outlined in MonaVie literature, such as the Policy and Procedures guide.
2. As a MonaVie Distributor, I will make no statements, disclosures, or representations to sell MonaVie products or services, or in recruiting other prospective distributors, other than those contained on the MonaVie website or in approved literature.
3. I understand that no purchase other than the registration fee is necessary to open a MonaVie Distributor account. I understand that I may close my account at any time. I further understand that I am under no obligation to make any financial investment to become a MonaVie Distributor. I also understand that any successful retail business will incur business expenses beyond the purchase of product.
4. I understand that to become a Star 500 in the MonaVie Compensation Plan and to be eligible to earn Commissions, I must generate a minimum of 500 GV (Group Sales Volume) and maintain at least one active distributor on the left and right leg of my Business Center (BC) within a single calendar week. Once I am eligible to earn commissions at any given rank, I will not be required to re-qualify for said rank according to the MonaVie Compensation Plan. However, I must be fully qualified at said rank to maximize the full commission payout.
5. I understand that if I do not earn a minimum of \$200 in commissions within 12 consecutive months, or I do not renew my registration by remitting the \$20 renewal fee, this Agreement shall automatically terminate and my Distributor Account will be cancelled, and any future commissions will be forfeited. I understand that I may reinstate my MonaVie Distributor Account by submitting my reinstatement accompanied by the \$20 renewal fee.
6. I understand that in order to maintain a viable marketing system and to comply with changes in applicable laws in the various countries that sell products, MonaVie reserves the right to change prices, company policies, company literature, and the MonaVie Operating System with a 30-day notice.
7. I understand that, should I wish to terminate my Distributor Account, I must notify MonaVie. Upon termination or resignation, any salable product purchased within the previous 30 days may be returned to MonaVie for a refund equal to 90 percent of the original purchase price, less any commissions or bonuses paid. This refund is subject to my prior representations regarding compliance with the 70 percent product usage rule (see next paragraph). In any state where a specific buy-back requirement has been enacted that may vary from the foregoing, MonaVie shall re-purchase products in accordance with the applicable statute. Perishable items will not be refunded after 90 days from date of purchase.
8. I understand that for me to be successful in this program, I must accumulate Group Sales Volume through the purchase and sale of MonaVie products, and sponsor other distributors to do the same. In order for the distributors I sponsor to be successful, they must accumulate Group Sales Volume through the purchase and sale of products at retail, and recruit other people to do the same, and so on. I understand that, in order to qualify for commissions, I must retail or personally use in business building at least 70 percent of the product I purchase before I can purchase more product.
9. When and if I qualify as a MonaVie Distributor, I agree and understand that reports referring to large earnings of successful MonaVie Distributors are neither necessarily typical nor representative of what individual MonaVie Distributors may earn. No one can be guaranteed success as a MonaVie Distributor and not all distributors earn residual income. Furthermore, MonaVie does not recommend that any prospective distributor leave current employment or make any substantive product purchase until such time as their retail business from the sale of products generates steady and significant income.
10. Please visit www.MonaVie.com for the complete Policy and Procedures.

INDIVIDUAL EARNINGS ARE STRICTLY DEPENDENT UPON INDIVIDUAL TIME, EFFORT, AND ENTERPRISE IN THE PARTICULAR AREA IN WHICH THE INDIVIDUAL DISTRIBUTOR WORKS OR LIVES.

STEP 1 Set up your automatic four-week rolling order by choosing the boxes that apply to you

- I/we choose not to participate in the AutoShip Program (ASP) at this time.
- I/we do not want an initial order.
- Set up an automatic order for my/our distributorship. I understand I will receive my designated order every four weeks after my initial order.

Distributor ID Number

Last Name

First Name

Business Name If different from applicant name

Phone Number

Fax Number

STEP 2 Place your four-week rolling AutoShip order

Use the current Price List to customize your AutoShip order. Setting up your AutoShip ensures that you will receive product automatically every four weeks. Remember, in order to stay active and eligible for full commissions, you must have 100 PV every four weeks.

Item No.	Qty	Product Name	PV	Wholesale
TOTAL				

STEP 3 Place your initial order

Your initial order can differ from your AutoShip order. Simply enter the items you wish to receive on your initial order here.

Item No.	Qty	Product Name	PV	Wholesale
TOTAL				

STEP 4 Select a payment option

- Option A: (check one) Visa MasterCard Discover AMEX

Credit card number Expiration date

Name (as shown on card) Signature of cardholder Date

- Option B: (ACH) Automated Clearing House transfer from my/our bank account.
 Attach voided check and a completed MonaVie ACH transfer application form. (Not available for initial order.)

SHIPPING INFORMATION

mailing address							
city	state	zip code	country	city	state	zip code	country

All orders are subject to the local sales tax of your region, which will be added to the order total. Shipping and handling charges will also be added. AutoShip Program orders are billed on a four-week rolling cycle. See the four-week AutoShip calendar to determine when charges will occur. To change any detail pertaining to your ASP order, the request must be received by the Company, in writing and signed by the distributor, three business days prior to the beginning of the next four-week cycle.

DISTRIBUTOR INFORMATION

SSN or Tax ID No.	<input type="text"/>	Mailing Address	<input type="text"/>
First Name	<input type="text"/>	City	<input type="text"/>
Last Name	<input type="text"/>	State/Province	<input type="text"/> Zip/Postal <input type="text"/>
Phone Number	<input type="text"/>	Country	<input type="text"/>

AUTOMATED CLEARING HOUSE (ACH) INFORMATION

I/we do not want to miss a monthly order or commission check. You are hereby authorized (until otherwise instructed) to deduct the amount of my monthly AutoShip order by electronically transferring the funds (ACH transfer) from my/our bank account.

Checking Savings

Name on Account	<input type="text"/>	Account Number	<input type="text"/>
Bank Name	<input type="text"/>	Bank Routing Number	<input type="text"/>
Bank Address	<input type="text"/>	Bank Swift Number <small>(call bank for number)</small>	<input type="text"/>
City	<input type="text"/>	Applicant's Fax Number	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>
Signature on Account	<input checked="" type="checkbox"/>	Signature on Account	<input checked="" type="checkbox"/>

ACH Payment (U.S. only) - Complete information above
 In addition to my automatic order, I/we authorize the company to pay for all our orders by electronically transferring funds (ACH transfer) from my/our bank account.

BANK DRAFT INFORMATION

- By requesting ACH transfer on this agreement and on the distributor AutoShip Program (ASP) form, it is understood that:
1. I/we agree the Company is hereby authorized and shall debit my/our account for orders shipped on the date of payment.
 2. I/we agree to maintain sufficient funds in my/our account to cover the automatic payments.
 3. In the event sufficient funds are not in my/our account to cover the automatic payment, the company may stop shipment in route, and may refuse to accept any other further orders until payment on such debit is received.
 4. I/we shall indemnify and hold the Company harmless from any and all liability which may arise out of the company's initiating an authorized debit to my/our account, except the liability to ship the product as ordered.

It is understood that all debit (ACH transfer) entries initiated by the COMPANY pursuant to this agreement shall be subject to the following provisions:

1. The Company will notify Customers in writing no less than thirty (30) days in advance of changing the amount debited to the Customer's account. Similarly, if any change is made by the Company in the date of the billing cycle, the Company shall, no less than thirty (30) days prior to change, notify the Customer in writing of the new date. The provision will not apply if the Customer has authorized the initiation of a single entry to his account or if the Customer has agreed that entries representing indebtedness to his account may be debited at any time after indebtedness is incurred.
2. Customers may, by notice to Bank, stop payment of any entry initiated, or that is to be initiated, by Company to Customer's account pursuant to this agreement. However, such notice must be received by Bank in such time and in such manner as to afford Bank a reasonable amount of time to act on it. An oral notice shall be binding on Bank only for fourteen (14) calendar days unless confirmed in writing within that period.
3. If any entry is erroneously initiated by Company to Customer's account, Customer shall have the right to request that the amount of such entry be credited to such account by Bank within fifteen (15) calendar days following the date on which Bank sent or made available to Customer a statement of account or notification pertaining to such entry. Customer shall send or deliver to Bank a written notice identifying such entry, stating that such an entry was made in error, and requesting Bank to credit the amount thereof to such account.