

# ASSOCIATE APPLICATION & AGREEMENT

LIFE PLUS INTERNATIONAL

P.O. Box 3749 • Batesville, Arkansas 72503 • USA • Phone Orders: 1-800-572-8446 or 870-698-2311 • Fax Orders: 800-959-2777 or 870-698-2379

## PERSONAL INFORMATION

Please assign my PIN Number  I already have a PIN Number. It is \_\_\_\_\_

Applicant \_\_\_\_\_

Joint Applicant – If Applicable (Household Member) \_\_\_\_\_

Physical Address (Must be a street address for application to be processed) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Shipping Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

SOCIAL SECURITY NUMBER:    -   -

To receive bonus checks, you must include your accurate Social Security Number.

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Taxpayer Information: Under the penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; AND
2. I am not subject to backup withholding as a result of failure to report all interest and dividends or the IRS has notified me that I am no longer subject to back-up withholding; AND
3. I am a US person (including a US resident alien).

Signature \_\_\_\_\_

Non-US persons must submit a W- 8 BEN.

BUSINESS FEDERAL ID NUMBER (If Any)   -

COMPLETE IF A:  CORPORATION  PARTNERSHIP  TRUST  
 D/B/A  OTHER \_\_\_\_\_

Business Name (If Any) \_\_\_\_\_

If business entity, please include the names of all partners, shareholders, officers, directors, persons with financial/beneficial/managerial interest on a separate sheet of paper and attach it. Include their physical addresses. (P.O. Boxes are not acceptable. If used, application is void).

Sponsor's Name \_\_\_\_\_

Sponsor's PIN Number \_\_\_\_\_

As required, I am disclosing that I am or previously have either owned, directly or indirectly, or have been an employee or have worked as a paid consultant for another direct sales company.

I agree that any dispute arising from or related to this agreement will be litigated in the state courts of Independence County, Arkansas and the federal courts having jurisdiction of the federal court judicial district encompassing Independence County, Arkansas.

I have read the Terms and Conditions For An Associate as well as the Standard Operating Procedures, the Marketing/Payment Plan and the Associate Agreement. I understand that these documents are incorporated by reference into this document and comprise the total agreement between The Company and me. I certify that all the information I have provided on these documents is accurate and true and agree that it is my contractual responsibility to abide by these. Failure to do so is a breach of contract and may result in appropriate disciplinary action at the sole discretion of the Company.

Signature  \_\_\_\_\_ Date \_\_\_\_\_

Please mail the original of this document and any required attachments to:  
**Life Plus International**  
**P.O. Box 3749**  
**Batesville, AR 72503**