



Enrollment Options (select one)

<input type="checkbox"/> Independent Distributor \$ _____ 0 QV 0 BV <ul style="list-style-type: none"> Unlimited wholesale pricing (up to 30% off retail) Individual marketing website Order management and online business center Commissions/bonuses on referrals/purchases <p>Welcome Kit</p> <p>The Welcome Kit provides a variety of information and materials, including select product catalogs, which will help you get started with your Youngevity business.</p>	<input type="checkbox"/> Business Essentials Kit In addition to the Independent Distributor benefits: <ul style="list-style-type: none"> Training system with lifetime updates Webinars and training events <p>Business Essentials Kits \$199.95 200 QV 120 BV</p> <div style="text-align: center;">  <p>Scan the QR code to view the Business Essentials Kit options.</p> </div> <p>Kit #: _____ Kit Name: _____</p>	<input type="checkbox"/> Business Builder Kit In addition to the Independent Distributor benefits: <ul style="list-style-type: none"> Training system with lifetime updates Gold lapel pin Webinars and training events Coding bonuses and rewards <p>Business Builder Kit \$499.99 500 QV 100 BV</p> <div style="text-align: center;">  <p>Scan the QR code to view the Business Builder Kit options. Each kit includes a monthly AutoShip.</p> </div> <p>Kit #: _____ Kit Name: _____</p>
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Contents of kits subject to change without notice, visit youngevity.com to view current contents.

Enroller Information (Please Print)

Enrolled Last Name	Enrolled First Name	Enrolled YGY ID	
Placement Last Name	Placement First Name	Placement YGY ID	

Subtotal:	
Tax:	
Shipping:	
Grand Total:	

New Applicant Information

Last Name	First Name	Middle Initial	Social Security Number or Tax ID	Date of Birth (MM/DD/YY)
Company Name (OPTIONAL - MUST MATCH TAX ID)			Phone Number	Email Address
Billing Address		City	State	Zip Code
Shipping Address		City	State	Zip Code

Method of Payment

Credit Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	Name (as it appears on the card)
Credit Card Number	Expiration Date (MM/YY) CVV
Billing Address	City State Zip Code
Signature	Date (MM/DD/YY)

Tax Information & Authorization

I certify that the Tax ID Number listed is a valid: (mark one only)

Social Security Number or
 Business Tax ID Number for a:
 Sole Proprietor
 Corporation
 Partnership
 Other

I certify that the Tax ID Number listed is a valid: (mark one only)

1. The name given for the first line of the Independent Marketing Director/Preferred Customer Name is the name registered with the U.S. Government for that Tax ID Number, or
 2. The name registered with the government for that number is:

Payment Authorization and Approval

I, the undersigned, have read the reverse side of this application and agree to abide by these as well as all of the Youngevity® Policies and Procedures. I understand and will accept the consequences of violation of the Youngevity® Policies and Procedures. I, the undersigned, hereby authorize Youngevity® to charge my credit card specified in the amount checked above.

Signature	Date (MM/DD/YY)	For Office Use Only
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You, the Buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction.
 See the Notice of Cancellation form on the reverse side for an explanation of this right.

INDEPENDENT DISTRIBUTOR AGREEMENT

This AGREEMENT between the named Applicant (hereafter APPLICANT) and Youngevity®, a California Corporation (hereafter COMPANY), is hereby effective under the terms and conditions below:

1. APPLICANT hereby applies for authorization as an Independent Distributor in COMPANY's Independent Distributor program. COMPANY reserves the right to accept or reject any application for any lawful reason.
2. Upon acceptance as an Independent Distributor by COMPANY, APPLICANT is authorized as an Independent Distributor as long as APPLICANT complies with all terms of this Agreement and COMPANY's Policies and Procedures. Independent Distributors must apply to renew their Independent Distributor authorization annually.
3. APPLICANT has read and agrees to be bound by the terms of this Agreement which includes all rules, policies, and procedures of COMPANY as set forth in official COMPANY literature, which are hereby incorporated and made part of this Agreement in their current form and as they may be amended by the COMPANY from time to time.
4. APPLICANT is an independent contractor under the terms of this Agreement, and not an agent, employee or legal representative of his/her sponsor or the COMPANY in any way.
5. APPLICANT will explain COMPANY's programs and policies honestly and completely when presenting them to others. APPLICANT understands and will make clear in any presentation the following: That no earnings are guaranteed by COMPANY or its programs; no Independent Distributor will be paid commission solely for sponsoring other Independent Distributors; retail selling is a requirement; and that there are no exclusive territories for Independent Distributors.
6. APPLICANT is responsible for all of his/her own income, sales, social security, unemployment, and any other taxes, licenses, and fees of any kind.
7. APPLICANT may terminate Independent Distributor's authorization at any time by giving written notice to the COMPANY. Upon termination, the COMPANY will repurchase marketable sales aids and literature according to the current COMPANY's buy-back Policy then in force.
8. Any sale or assignment of this Agreement or Independent Distributor authorization must be approved of in writing in advance by COMPANY. Successors in interest or assigns must comply with Policies and Procedures.
9. The signator(s) to this agreement Agree(s) that he/she/they is/are authorized to bind APPLICANT and by signing, so do.
10. Any Independent Distributor who sponsors other Independent Distributors must fulfill the obligation of performing a bona fide supervisory, distributing and selling function in the sale or delivery of product to the ultimate consumer and in the training of the Independent Distributors they sponsor.
11. Youngevity® is built upon retail sales to the ultimate consumer. The COMPANY recognizes that Independent Distributors may wish to also purchase product for their own personal or family use. It is COMPANY policy, however, to strictly prohibit the purchase of product or services in unreasonable amounts solely for the purpose of qualifying for bonuses or advancement in the distributor program. Failure to abide by this policy will result in termination.
12. Duplication of this form without permission is forbidden. Permission may be given in writing in accordance with the Policies and Procedures for Duplication of Independent Distributor Application, Product Order Forms and AutoShip Forms.

NOTICE OF CANCELLATION

Date of Transaction _____

You may CANCEL this transaction, without any Penalty or Obligation, within THREE BUSINESS DAYS from the above date.

If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within TEN BUSINESS DAYS following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be cancelled.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale, or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk.

If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your Notice of Cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract.

To cancel this transaction, mail or deliver a signed and dated copy of this Cancellation Notice or any other written notice, or send a telegram, to Cancellations, Youngevity, at 2400 Boswell Road, Chula Vista, CA 91914, NOT LATER THAN MIDNIGHT OF

_____ Date.

I HEREBY CANCEL THIS TRANSACTION.

Date _____

Buyer's signature _____