



DISTRIBUTOR APPLICATION & AGREEMENT

9850 South 300 West Sandy, Utah 84070

(888) 454-3374 **Product Order Line**
(888) 454-3374 **Distributor Services**
(801) 562-3600 Corporate Office
(800) 851-7662 Corporate Fax
Order Hours 8:00am - 8:00pm MT
www.4-life.com

APPLICATION INFORMATION PRINT ENTIRE FORM CLEARLY & ACCURATELY. Please use a pen and press hard so all copies are clear.

Applicant or Company (Last/First/MI)																									
Co-Applicant or Contact Name (Last/First/MI)																									
Street Address																						State		Zip	
City										County								Please Check				Applicable Box			
																		<input type="checkbox"/> Outside City Limits				<input type="checkbox"/> Inside City Limits			
Telephone Number										Fax Number								Social Security # or Fed ID #							
																								E-mail	

Assumed Names, Corporations, Partnerships, or Trusts – If your distributorship will be owned by a corporation, partnership or trust, or will be operated under an assumed name (e.g., XYZ Enterprises or John Doe and Associates), you may be requested to provide Business Entity information.

ENROLLER INFORMATION (Person who enrolled you in 4Life)

Telephone Number								Fax Number								Enroller's ID #							
Enroller's Last Name																First							

SPONSOR INFORMATION (APPLICANT: Your direct upline link) (ENROLLER: You have the option of placing this applicant on a level other than your first level)

Telephone Number								Fax Number								Sponsor's ID #							
Sponsor's Last Name																First				MI			

Distributor Enrollment Kit	\$19.95
Shipping & Handling	\$6.00
Sales Tax (add local sales tax)	
Total	

PAYMENT METHOD (Payment applies to all products and services selected above.)

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx <input type="checkbox"/> Check <input type="checkbox"/> Electronic Bankdraft																									
Credit Card #													Exp												
Name on Card																									

Please sign me up in the Automatic Renewal Plan. Charge the credit card listed above \$10.00 on each anniversary date of this Application. This will ensure that I do not inadvertently forget to renew and lose my rights as a 4Life independent Distributor.

I certify that I am of legal age (the age of majority) for the state in which I reside. I have carefully read the terms and conditions on the back of this application and agreement, the 4Life Policies and Procedures, and the 4Life Compensation Plan, and agree to abide by all terms set forth in these documents. A PARTICIPANT IN THIS MULTILEVEL MARKETING PLAN HAS A RIGHT TO CANCEL AT ANY TIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPAL PLACE OF BUSINESS.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____

Please call-in or fax this Application and Agreement to 4Life within 24 hours of completing it to obtain a thirty day temporary authorization. You must mail the completed signed original Application and Agreement to: **4Life Distributor Application Dept., 9850 South 300 West Sandy, Utah 84070**. Faxed applications are not valid for bonus or promotion qualifications, and no commission or bonus checks will be sent to the applicant until 4Life receives the signed original Application and Agreement. If the original Application and Agreement is not received by 4Life within thirty days of the date on which it is faxed, this Agreement shall automatically terminate.

*By entering my Social Security (or Federal Tax Identification Number, if applicable) on this Distributor Application and Agreement, I certify that this number is my correct taxpayer identification number. I understand that any intentional misrepresentation of any information I provide on this Distributor Application and Agreement may result in disciplinary action by 4Life as set forth in the Policies and Procedures.

4LIFE RESEARCH, LC INDEPENDENT DISTRIBUTOR TERMS AND CONDITIONS

1. In accordance with the terms and conditions herein, I hereby submit my Distributor Application and Agreement to become an Independent Distributor, (hereinafter referred to as "Distributor") with 4LIFE Research, Inc. (hereinafter referred to as "Company"):
2. The 4Life Policies and Procedures, and the 4Life Compensation plan are incorporated by reference into the terms and conditions of this agreement, in their current form and as amended by 4Life at its sole discretion. As used throughout this document, the term "Agreement" refers to this Distributor Application and Agreement, the 4Life Policies and Procedures, and the 4Life Compensation Plan.
3. This Agreement becomes effective on the date accepted by the Company. Agreements submitted by facsimile will be temporarily accepted; however, the original must be received by the Company within thirty (30) days form me to be officially accepted as an 4Life Distributor.
4. Upon acceptance of this Application I understand I will become a Distributor of the Company and will be eligible to participate in the sales and distribution of the Company's goods and services and receive commissions in connection with such sales in accordance with the Company's Policies and Procedures and Compensation Plan.
5. I understand that as a Distributor I am an independent contractor; not an agent, employee or franchisee of the Company. I UNDERSTAND AND AGREE THAT I WILL NOT BE TREATED AS AN EMPLOYEE OF 4LIFE FOR FEDERAL OR STATE TAX PURPOSES, nor will I be treated as an employee for purposes of the Federal Unemployment Tax Act, Federal Insurance Contributions Act, the Social Security Act, State Unemployment Act, or State Employment Security Act. I understand and agree that I will pay all applicable federal and state income taxes, self-employment taxes, sales taxes, local taxes, and/or local license fees, that may become due as a result of my activities under this Agreement.
6. I understand and agree that my remuneration will consist solely of commissions, overrides, and/or bonuses from the sale of 4Life products. I shall receive no commission from the mere act of enrolling others into the program, and I shall not represent to others that it is possible to receive any income simply from enrolling others in the program.
7. I agree that as a Distributor I will operate in a lawful, ethical, and moral manner and will use my best efforts to promote the sale and use of the services and/or products offered by the Company to the general public. I understand that as a Distributor my conduct must be consistent with public interest and I will avoid all disreputous, deceptive, misleading, or unethical practices. In addition, I agree to abide by all federal, state, local laws governing the operation of my 4Life business.
8. I understand that I am not guaranteed any income, nor am I assured any profit or success. I am free to set my own hours and determine my own location and methods of selling, within the guidelines and requirements of this Agreement. I agree that I am responsible for my own business expenses in connection with my activities as a Distributor.
9. I certify that neither the Company nor my sponsor have made any claims of guaranteed earnings or representations of anticipated earnings that might result from my efforts as a Distributor. I understand that my success as a Distributor comes from retail sales, service, and the development of a marketing network. I understand and agree that I will make no statements, disclosures, or representations in selling the Company's goods and services or in the sponsoring of other prospective Distributors, other than those contained in approved Company literature.
10. If I sponsor other Distributors I agree to perform a bona-fide supervisory, distributive, selling and training function in connection with the sale of the Company's goods and services to the end user.
11. I understand and agree that the Company may make modifications to the Agreement at its sole discretion, and that all such changes shall be binding upon me. All changes to the Agreement shall become effective upon publication in official Company literature. The continuation of my 4Life business or my acceptance of bonuses or commissions shall constitute my acceptance of any and all amendments.
12. I understand that the acceptance of this Agreement does not constitute the sale of a franchise, that there are no exclusive territories granted to anyone, and that no franchise fees have been paid, nor am I acquiring any interest in a security by the acceptance of this Agreement.
13. Distributors may not assign any right nor delegate any duty arising under this agreement without the prior written consent of the Company. Any unauthorized assignment or delegation shall be voidable at the option of the Company.
14. The term of this Agreement is one year. There is a \$10.00 annual renewal fee which is due on each anniversary date of this Agreement. All renewals are subject to acceptance by the Company. Failure to renew shall result in the cancellation of my Distributor Agreement. If an applicant elects to participate in the Automatic Renewal Plan, the Company will automatically charge the credit card listed on the front of this application on each anniversary date of the Agreement
15. I agree to indemnify and hold the Company harmless from any and all claims, damages, and expenses, including attorney's fees, arising out of my actions or conduct, and that of my employees and agents in violation of this Agreement. This agreement will be governed by and construed in accordance with the laws of the State of Utah, unless the laws of the state in which I reside expressly require the application of its laws. Except as set forth in the 4Life Policies and Procedures, or unless the laws of the state in which I reside expressly prohibit the consensual jurisdiction and venue provisions of this Agreement, in which case its laws shall govern, all disputes and claims relating to 4Life, the Distributor Agreement, the 4Life Marketing and Compensation Plan or its products and services, the rights and obligations of an independent Distributor and 4Life, or any other claims or causes of action relating to the performance of either an independent Distributor or 4Life under the Agreement or the 4Life Policies and Procedures shall be settled totally and finally by arbitration in Salt Lake County, Utah, or such other location as 4Life prescribes, in accordance with the Federal Arbitration Act and the Commercial Arbitration Rules of the American Arbitration Association. The parties shall be allowed all discovery rights pursuant to the Federal Rules of Civil Procedure. If a Distributor files a claim or counterclaim against 4Life, a Distributor shall do so on an individual basis and not with any other Distributor or as part of a class action. The decision of the arbitrator shall be final and binding on the parties and may, if need be, be reduced to a judgment in any court of competent jurisdiction. Each party to the arbitration shall be responsible for its own costs and expenses of arbitration, including legal and filing fees. This agreement to arbitrate shall survive any termination or expiration of the Agreement.
16. The parties waive all rights to incidental, consequential, exemplary and punitive damages arising from any violation of the Agreement.
17. The parties consent to jurisdiction and venue before any federal or state court in Salt Lake County or Utah County, State of Utah for purposes of enforcing an award by an arbitrator or any other matter not subject to arbitration. If the law of the state in which I reside prohibits consensual jurisdiction and venue provisions for purposes of arbitration and litigation, that state's law shall govern issues relating to jurisdiction and venue.
18. I shall be subject to disciplinary sanctions as specified in the Policies and Procedures at the company's discretion for the violation or breach of any term or provision of the Agreement. Upon the voluntary or involuntary cancellation of this Agreement, I shall lose, and expressly waive, any and all rights, including property rights, to my previous downline organization and to any bonus, commission, or other compensation arising from the sales generated by myself or my prior downline organization.
19. I certify that the number shown on this form is my correct taxpayer identification number and that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
20. The Company shall be entitled to deduct and offset from any commissions, bonuses, or any other money payable to me, any amounts past due and unpaid for purchases of company products and services, or any other money owed to Company by the Distributor.
21. I have read this Agreement, and acknowledge receiving and reading all documents incorporated by reference, and agree to abide by and be bound by the terms contained therein.
22. Any waiver by 4Life of any breach of this Agreement must be in writing and signed by an authorized officer of 4Life. Waiver by 4Life of any breach of this Agreement by me shall not operate or be construed as a waiver of any subsequent breach.