CLEAR FORM

# Customer Membership Agreement

Melaleuca The Wellness Company

3910 South Yellowstone Hwy
Idaho Falls, ID 83402-6003

Mail white copy to Melaleuca • Applicant keeps yellow copy • Enroller keeps pink copy • Enrollments 1-800-262-0600 • Phone Orders 1-800-282-3000 • Fax 1-888-528-2090

## 1. Customer Information (Please print clearly)

**Please enroll me as a**

☑ **Preferred Customer.** I commit to purchase products totaling at least (check one):
☐ **Direct Customer.** I'll pay the regular price for Melaleuca products.
☐ Mr. ☐ Mrs. ☐ Ms.

☑ 35 Product Points each month. I'll receive 30% to 40% off the regular price of Melaleuca products and participate in the Melaleuca Advantage Dollars program.
☐ 75 Product Points each month. I'll receive additional benefits.

FIRST NAME | INITIAL | LAST NAME

SPOUSE'S FIRST NAME (If spouse is also an applicant) | INITIAL | LAST NAME

SHIPPING ADDRESS (For mailing of information, materials & products)

CITY | STATE | ZIP

EMAIL ADDRESS (Inform me about Melaleuca news, business updates, and the latest information on products and services.)

Please indicate preferred phone number(s) for contacting you.

HOME

BUSINESS

FAX

BIRTHDATE Month Day Year

MEMBERSHIP PORTFOLIO #

$25 membership fee required if not purchasing a $29 Business Kit. ☐ CHECK ENCLOSED ☑ BILL MY PRIMARY FORM OF PAYMENT

## 2. New Customer Account Information

To protect your Preferred Customer status, please provide two forms of payment. At least one form of payment is required. All accounts must be in the name of the new customer.

**PREFERRED FORM OF PAYMENT (Required)**

☐ VISA ☐ MASTERCARD ☐ DISCOVER/NOVUS

EXPIRES (mo/yr):

**SECONDARY FORM OF PAYMENT**

☐ VISA ☐ MASTERCARD ☐ DISCOVER/NOVUS

EXPIRES (mo/yr):

**ELECTRONIC CHECKING** *(Write your bank account number in the space below. Attach a voided check to verify your account number and for us to notify your bank of this agreement for pre-authorization. Electronic checking information provided by telephone is an authorized payment method while the Customer Membership Agreement is in transit.)*

In the event that the preferred method of payment indicated above is not valid, Melaleuca will charge any other valid method of payment on file.

X
AUTHORIZED SIGNATURE

## 3. Choose Your Backup Order: (Required for all Preferred Customers)

**Choose the Preferred Customer Backup Order that fits your needs.** Your automatic Backup Order keeps you in good standing to receive your Preferred Customer discount and other Preferred Customer benefits. If you're away on vacation or business, don't meet your Product Point commitment, or just forget to place your order, the Backup Order will be sent automatically, assuring that you meet your Product Point commitment and that you receive all Preferred Customer savings and benefits. (SALES TAX and SHIPPING & HANDLING NOT INCLUDED)

**Preferred Customer Backup Order Selections, Check Item**

☐ **Select Pack** (Complete form on the back side of white copy)
☑ Wellness Backup Order—42 PTS (*Daily for Life Pack*®)—$69.99
☐ #1—35 PTS Backup Order (includes *Vitality Pack*®)—$47.99
☐ #2—35 PTS Backup Order (no *Vitality Pack*®)—$47.99
☐ #3—75 PTS Backup Order (includes *Vitality Pack*®)—$96.99

☐ For Women ☑ For Men

Initial here to acknowledge your Backup Order selection.

## 4a. Lead/Enroller

FIRST NAME: Karlyn | INITIAL: M | LAST NAME: Rhodes-McC

CUSTOMER NUMBER: 35873868 | PHONE: 951 696 -7224

☐ International Enrollment. My enroller is from the following country:

## 4b. Presentation By

FIRST NAME: Karlyn | INITIAL: M | LAST NAME: Rhodes-McC

CUSTOMER NUMBER: 35873868 | PHONE: 951 696 -7224

I affirm that the presentation was done by the person listed in this section 4b.

Enroller's Initials

## 4c. Immediate Support Team Marketing Executive

FIRST NAME | INITIAL | LAST NAME

CUSTOMER NUMBER | PHONE

## 5. Signature

**BY SIGNING, I ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OLD AND HAVE CAREFULLY READ AND AGREE TO THE MELALEUCA CUSTOMER MEMBERSHIP AGREEMENT TERMS AND CONDITIONS ON THE FRONT AND BACK OF THIS AGREEMENT.**

X
Customer's Signature *(this Customer Membership Agreement is not valid unless signed by the customer)* Date

X
Spouse's Signature *(if applicable)* Date

101500635

Melaleuca expresslink™ click. click. click. shopping done.

☑ Email my ExpressLink order reminder on the _____ (day*) of each month and allow me to schedule future orders!
(*between 1st-15th)

MELALEUCA MARKETPLACE

Be sure to sign up for Melaleuca's money-saving services. See the Services Order Form for more details on how you can get started and receive $50 Advantage Dollars. Be sure to check out your exclusive discounts with Melaleuca's online Retail Partners.

I may cancel this Agreement for any reason at any time by giving written notice to Melaleuca bearing my original signature, printed name, address, and Customer Number. Written cancellations received by Melaleuca on or before the 25th of the month will be effective the month received, written cancellations received by Melaleuca after the 25th of the month will be effective the following month. **In addition to the foregoing, I may cancel this agreement for any reason within three business days from the date hereof by giving written notice to Melaleuca bearing the date, my printed name, and my original signature.** Cancellation notices must be mailed to: Melaleuca, Inc., 3910 S. Yellowstone Hwy., Idaho Falls, Idaho 83402-6003.

©2006 Melaleuca, Inc. Printed in the USA Stock #635 Rev. 08/06U

# Independent Marketing Executive Application and Agreement

Melaleuca The Wellness Company

3910 South Yellowstone Hwy
Idaho Falls, ID 83402-6003

Mail white copy to Melaleuca • Applicant keeps yellow copy • Enroller keeps pink copy • Enrollments 1-800-262-0600 • Phone Orders 1-800-282-3000 • Fax 1-888-528-2090

*Complete this Agreement to apply to become an Independent Marketing Executive. If you do not wish to enroll as a Customer, you must also complete Sections 4a, 4b, and 4c of the Melaleuca Customer Membership Agreement and attach it to this Independent Marketing Executive Application and Agreement. (Please print. Incomplete information will delay or prevent Melaleuca's acceptance and processing of this Agreement.)*

## 1. Independent Marketing Executive

Applicant's name as it should appear on Commission and Bonus Checks.

FIRST NAME | INITIAL | LAST NAME

SPOUSE'S FIRST NAME (If spouse is also an applicant) | INITIAL | LAST NAME

☐ If two applicants are listed, check here if you are legally married to each other. Multiple applicants must be legally married.

APPLICANT'S OCCUPATION

ADDRESS (For mailing of commission & bonus checks & materials)

CITY | STATE | ZIP

SOCIAL SECURITY NUMBER | FAX

Please indicate preferred phone number(s) for contacting you.

HOME

BUSINESS

MOBILE

BIRTHDATE Month Day Year

EMAIL

Language Preference: ☑ English ☐ French ☐ Spanish ☐ Chinese ☐ Korean ☐ Other:

***If you are applying as a Corporation or a Tax Exempt Entity***, you must complete a Melaleuca Corporate Entity Application & Agreement or a Melaleuca Tax Exempt Entity Application & Agreement, as applicable, and attach it as an addendum to this Agreement.

Assisted By

Karlyn Rhodes McCarroll

CUSTOMER NUMBER 35873868

*(Leave blank unless someone other than the Enroller has assisted in the enrollment of a new Customer and sale of the Value Pack or Career Pack.)*

## 2. Tools for Success and Income

**Set your goal for level of participation**

My goal is to participate at the following level: ☐ 1 ☑ 2 ☐ 3

The cost to enroll as a Marketing Executive is $29.00* (plus applicable sales tax). You'll receive a Melaleuca Business Kit or CD and other literature, including a subscription to Melaleuca's monthly publications, to familiarize you with and keep you up to date on Melaleuca's programs and products.

*Includes the $25.00 Customer membership fee if you are also enrolling as a Customer.

**Send me my Melaleuca Business Kit!**
**Please choose one of the following:**

☑ $29.00 Melaleuca Business Kit.
☐ I have already purchased Business Kit # from my Enroller.

**My method of payment:** Please include appropriate sales tax & shipping and handling charges (If you need help calculating these charges, call 1-800-282-3000).

☑ 1. Charge my account as indicated on my Customer Membership Agreement: ☐ Visa ☐ MasterCard ☐ Discover/NOVUS ☐ Electronic Checking

☐ 2. I have attached a check in the amount of $ _____ Inv Number:

Within two months following the month of enrollment, you can purchase a Melaleuca Career Pack or Value Pack and save an incredible 30% off the regular Preferred Customer price on dozens of products! Marketing Executives may purchase a total of two Melaleuca and two *Nicole Miller* Value or Career Packs.

☐ **Send me the Career Pack—over $120 savings!**
This treasure trove of products gives you a "Melaleuca household" and puts you in business too! Includes everything in the Value Pack plus additional nutritional, pharmaceutical, bath and body, dental care, and home care products and sales aids! $299 U.S. 140 PTS ☐ For Women ☐ For Men

☐ **Send me the Value Pack—over $80 savings!**
Start your "Melaleuca household"—and save money—with a wide variety of products from each of Melaleuca's product lines: nutritional, pharmaceutical, bath and body, dental care, and home care. $199 U.S. 100 PTS ☐ For Women ☐ For Men

☐ **Send me the *Nicole Miller* Career Pack—over $60 savings!**
Your essential start to a successful business. You'll receive the complete *Nicole Miller Skin Care* line at a price far below the Preferred Customer price, plus all the tools you'll need to introduce the products to potential customers. $299 U.S. 140 PTS

☐ **Send me the *Nicole Miller* Value Pack—over $50 savings!**
Experience the products for yourself and discover the uniqueness of *Nicole Miller Skin Care* with this personalized pack. Pick and choose products to customize your skin-care routine at a specially discounted price. $199 U.S. 100 PTS

☐ **Send me the Product Training Resource Guide for $15**
This detailed reference manual includes all the information you need to become a product expert—from ingredients to demonstrations!

By signing this form I apply to become a Melaleuca Independent Marketing Executive. I certify that I am at least 18 years of age and I acknowledge that I have carefully read and I agree to all the terms and conditions on the front and back of this Independent Marketing Executive Application and Agreement, the Melaleuca Compensation Plan, and the Melaleuca Statement of Policies. I understand that Melaleuca does not guarantee the success of my business or the income, if any, that I might earn. I understand that my success will depend on my own efforts, skills, and productivity. I understand that this document is an application to become a Melaleuca Independent Marketing Executive and that I am not a Melaleuca Independent Marketing Executive until:

1. Melaleuca has received and accepted this Agreement,
2. I have at least one Customer in my Marketing Organization, and
3. I receive my first commission check.

X _____ Date
**Applicant's Signature** *(this Melaleuca Agreement is not valid unless signed by the applicant)*

X _____ Date
**Spouse's Signature** *(if applicable)*

I may cancel this Agreement for any reason at any time by giving written notice to Melaleuca bearing my original signature, printed name, address, and Customer Number. Written cancellations received by Melaleuca on or before the 25th of the month will be effective the month received, written cancellations received by Melaleuca after the 25th of the month will be effective the following month. **In addition to the foregoing, I may cancel this agreement for any reason within three business days from the date hereof by giving written notice to Melaleuca bearing the date, my printed name, and my original signature.** Cancellation notices must be mailed to: Melaleuca, Inc., 3910 S. Yellowstone Hwy., Idaho Falls, ID 83402-6003.

©2005 Melaleuca, Inc. Stock #625 Printed in USA Rev. 11/05U

709000012

CLEAR FORM