



# Associate Application & Agreement

Lifeplus International

P.O. Box 3749, Batesville, Arkansas 72503

T (800) 572-8446 (870) 698-2311 F (800) 959-2777 (870) 698-2379

www.lifeplus.com

Personal Information

Account Number: \_\_\_\_\_

Applicant \_\_\_\_\_

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

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Federal Tax ID Number: (If Any)   -

COMPLETE IF A:  CORPORATION  PARTNERSHIP  TRUST

D/B/A  OTHER \_\_\_\_\_

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).

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).

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. Louisiana residents may choose Louisiana courts and jurisdiction. **The Associate has the right to cancel this agreement at any time by giving the Company written notice.**

I have read the Rules & Regulations for the U.S., the Compensation Plan and this Associate Application & 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:

Lifeplus International

P.O. Box 3749

Batesville, Arkansas 72503

