



2400 Boswell Road, Chula Vista, California, USA 91914  
 Telephone: 619.934.3980 • Facsimile 619.934.3205  
 Orders: 800.982.3197  
 Customer Service: 800.982.3189  
 www.AmericanLongevity.net

## Associate Application and Agreement

Presented by

An Independent American Longevity Associate

Preferred Customer - \$6.00

Associate - \$10.00

Upgrade Kit - \$5.00

### Applicant Information

Social Security or Federal Tax ID Number (required for Associates):		
Last Name:	First Name:	Initial:
Business Name (if used):		
Address:		
City:	State:	Zip Code:

Date of Application:
Telephone (required):
Business Telephone:
Facsimile Number:
E-mail Address:

### Sponsor Information

Sponsor's Last Name:	First Name:	Initial:
Sponsor's Business Name (if used):		
Sponsor's Address:		
City:	State:	Zip Code:
Sponsor's ID Number: (required):		
Sponsor's Telephone (required):		

### Enroller Information

Enroller's Last Name:	First Name:	Same as Sponsor
Enroller's Business Name (if used):		
Enroller's Address:		
City:	State:	Zip Code:
Enroller's ID Number (required):		
Enroller's Telephone (required):		

### Payment

#### Check Information

Name on Check:
Check Number:
Bank Name:

#### Credit Card Information

Credit Card Number:	Expiration Date:
Name of Card Holder as it appears on credit card:	
Billing Address if different from above:	

I, the undersigned, have read the reverse side of this application and agree to abide by these as well as all of the American Longevity Policies and Procedures. I understand and will accept the consequences of violation of the American Longevity Policies and Procedures.

I, the undersigned, hereby authorize American Longevity to charge my credit card specified in the amount checked above.

<b>Signature:</b>
-------------------

For Office Use Only
---------------------

This AGREEMENT between the named Applicant (hereafter APPLICANT) and American Longevity, a division of Wellness Lifestyle, Inc., a California Corporation (hereafter COMPANY) is hereby effective under the terms and conditions below:

1. APPLICANT hereby applies for authorization as an Associate in COMPANY's Independent Associate program. COMPANY reserves the right to accept or reject any application for any lawful reason.

2. Upon acceptance as an Associate by COMPANY, APPLICANT is authorized as an Associate as long as APPLICANT complies with all terms of this Agreement and COMPANY's Policies and Procedures. Associates must apply to renew their Associate 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 Associate will be paid commission solely for sponsoring other Associates; retail selling is a requirement; and that there are no exclusive territories for Associates.

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 Associate'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 Associate 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 Associate who sponsors other Associates 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 Associates they sponsor. Failure to fulfill this obligation will result in termination.

11. American Longevity, a division of Wellness Lifestyle, Inc., a California Corporation, is built upon retail sales to the ultimate consumer. The COMPANY recognizes that Associates 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 marketing 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 Associate Application, Products Order Forms and AutoShip Forms.