

Nature's Youth®
586 Strawberry Hill Road Centerville, MA 02632
Tel: (800) 230-3587 • Fax: (508) 862-0190

DISTRIBUTOR APPLICATION

NEW DISTRIBUTOR INFORMATION

(IMPORTANT - UPS DOES NOT SHIP TO P.O. BOXES)

SOCIAL SECURITY # (or Fed. ID#)		EMAIL ADDRESS	
FIRST NAME		LAST NAME	
COMPANY			
ADDRESS			
ADDRESS - line two			
CITY		STATE	ZIP
HOME PHONE		FAX #	

"SPONSOR" CANNOT BE CHANGED AFTER SUBMISSION TO THE COMPANY

SPONSOR'S INFORMATION

SPONSOR'S FIRST NAME		LAST NAME	
SPONSOR DISTRIBUTOR NUMBER		TELEPHONE	

Mail to: Nature's Youth® • 586 Strawberry Hill Road • Centerville, MA 02632
Your signature below indicates that you have carefully read this Agreement and that you willingly accept all of the terms and conditions herein. A PARTICIPANT IN THIS DIRECT SALES PLAN HAS A RIGHT TO CANCEL AT ANY TIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPAL BUSINESS ADDRESS:

Please check if appropriate

- I certify that I have not been barred by a court or any regulatory order from participating in an MLM program.
- My sponsor has explained to me that I am not required to make a purchase in order to become a Distributor, nor is a product order a means to become a Distributor. I understand that I am a Distributor and not an employee of Nature's Youth® and therefore understand that I am responsible for the payment of all State and Federal taxes.

I have read, understand and agree to be bound by the Terms and Conditions and Policies and Procedures set forth in the Nature's Youth Distributor Manual. I understand that no initial purchase or payment is required, or is a means to become a Sales Distributor.

I agree to the Policies & Procedures in the Nature's Youth Distributor Manual: _____
Signature Date

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DISTRIBUTOR WHOLESAL ORDER FORM

ORDERING DISTRIBUTOR Personal Information

First Name: _____ Last Name: _____

Distributor No: _____ Resale Tax Number (If applicable): _____

"SHIP TO" Address: (UPS will not deliver to a P.O. Box)

Address (Line one): _____

Address (Line two): _____

City: _____ State: _____ Zip: _____

Day Telephone: _____ FAX No: _____ Date: _____

(COMMISSIONABLE)

Item Description	Price	QTY	Total (CV)
Nature's Youth RSF	\$69.97		
Cal Defense	\$17.95		
Diet Lift	\$22.00		
Daily Defense Men's	\$22.00		
Daily Defense Women's	\$22.00		
Coral Blend	\$14.95		
Enerox	\$22.00		
Youth Flex	\$26.97		
Noni Juice	\$26.97		
Carb Buster	\$22.00		
Red Stag	\$26.97		
Sirulin	\$24.97		
Youthful Greens	\$24.97		

Method of Payment:

I certify that that I have offered and sold at least 70% of my previous product orders to consumers prior to the making of this order or, if this is my initial product order, I will do so prior to reordering.

Personal Check Money Order Cashiers Check

Visa MC Disc Amx

Credit Card #: _____ Exp. Date: _____

Cardholder Name (please print): _____

Cardholder Signature: _____

Product W/SALE Total: _____ (A)
 Add \$8.95 Handling & Shipping of Line (A): _____ (B)
 _____ Residents Add _____% Sales Tax of Line (B): _____ (C)
 Total Amount To Remit (Add Lines A & B & C): _____ (D)