

Distributor Agreement

CUSTOMER SERVICE

Toll Free: 1-800-371-3515 Fax: 1-866-203-5666

E-Mail: custserv@youngliving.com

Application Information

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Name (last, first, middle) (required)	=	Social security	or federal ID no. (requir	red US) Langua	ge preference (<i>require</i>	ed) English	_] Spanish
Co-applicant or business name (optional)		Social security	or federal ID no. (requin	red US) E-mail			
Home phone no. (required)	Work phone no.		Cell phone no.		Fax no.	2 5 2	
Street City	Stat	e/Province		Zip/Postal code	26	Country (required)	
Shipping Information Same as ab	ove						
Street City	Stat	e/Province		Zip/Postal code	(1) (a) (a) (b) (b)	Country (required)	
Account Access Information							
PIN (4 digits) Password	l (8-12 characters/alphanumer	ic)					
Enroller (person responsible for introd	ucing and enrolling you i	in YL)	Sponsor (direct	upline and may also	be the same as y	our enroller)	
Name (last, first, middle) (required)	and the second s		Name (last, first, mid	dle) (required)			
Member no. (required)			Member no. (required	d)			
By signing below, I acknowledge that I have read Procedures. I am also aware that I must purchas	O .				derstand and will ab	ide by the Policies a	and
X			X				
Applicant signature (required)	I	Date	Co-applicant signatu	re (only required if applic	ation has a co-applica	ant) Date	
Enrollment Options (select one)							
4672 Premium Starter Kit \$150 / 100 pv	4671	Basic Plus Starte	r Kit \$75 / no pv	□ 467	0 Basic Starter Kit	\$40 / no pv	
Essential Rewards Program							
I would like to take advantage of Young Living's	Essential Rewards program. Ac	ld the following ite	ms to my monthly Esse	ntial Rewards order and	ship it to me on the d	ate selected.	
7 4706 H F C P 1- V'4 0120	/120	-II E	D	20 74700 I	D		/ 100
4726 Home Essential Rewards Kit \$139 4729 Balance Essential Rewards Kit \$13			Rewards Kit \$139 / 1 Rewards Kit \$139 / 1		Beauty Essential Ro	9wards Kit \$139 /	/ 139 pv
Select order processing day If available, we will available business day. My signature indicates th I have indicated items I would like to receive, the	at I have read and accepted al	the terms include	d in the ER agreement o				
X							
Signature		Date	Order Processing Date	e (1st-28th)			
Shipping Method NOTE: Hawaii and Alask weekends and holidays.) For additional shipping					C 1.1.1	al	
FedEx Ground (Delivery in 5–6 days)	FedEx 3–5 Day Service	FedEx 2 Day	Service FedE	x Overnight Service	Applicable Sale T	ax	
- \$7.99 1 lb.	- \$10.83 1 lb.	- \$13.88 1 lb.		.35 1 lb.	Shipping + Handlin	ng	
- \$8.99 2 lbs. - \$9.49 3 lbs.	- \$11.72 2 lbs. - \$13.49 3 lbs.	- \$15.28 2 lbs - \$17.29 3 lbs		.90 2 lbs. .11 3 lbs.	Tot	al	
Payment Method (Selected method	l will be used for enrol	lment order a	nd/or monthly Es	ssential Rewards o	rders as applic	able.)	
□ VISA □ MC □ DISCOVER □ AM	IEX PERSONAL CHECK	(US ONLY)					
CERTIFIED CHECK (US FUNDS)	ONEY ORDER (US FUNDS)	(Credit card no.			Expiration date	Keep car on file
Cardholder's Signature	Credit card	billing address	<u></u>	's 2			<u> </u>
☐ Electronic Checking and Savings Dre	aft (US accounts only)						
Transfer/Routing no.		Checking account n	00.		Savings account r	10.	
Billing name	Billing phone no.		Billing addr	ess			