YOUNG LIVING™

The Essence of Life℠

Enrolling Member: Name _____

Member # _____

Sponsor: Name _____

Member # _____

☐ Distributor ☐ Preferred Customer ☐ Customer

Tax ID #: _____

PERSONAL INFORMATION

ID # _____

NAME (PLEASE PRINT CLEARLY)

STREET ADDRESS (IF ADDRESS IS A P.O. BOX, FILL IN "SHIP TO" ADDRESS BOX)

CITY STATE/PROVINCE ZIP/POSTAL CODE

PHONE # COUNTRY

EMAIL

Password: _____

SHIPPING INFORMATION

☐ Check here if this information is the same as Personal Information

NAME (PLEASE PRINT CLEARLY)

STREET ADDRESS (IF ADDRESS IS A P.O. BOX, FILL IN "SHIP TO" ADDRESS BOX)

CITY STATE/PROVINCE ZIP/POSTAL CODE

PHONE # COUNTRY

Security Code: _____

CODE #	DESCRIPTION	QUANTITY	PRICE	TOTAL

Product Received: Yes No

Autoship: Yes No

METHOD OF PAYMENT

☐ CASH

☐ PERSONAL CHECK (Check #): _____

☐ CERTIFIED CHECK OR MONEY ORDER

☐ MASTERCARD ☐ VISA ☐ AM. EX.

☐ DISCOVER ☐ ACH CHECK PAYMENT

☐ USE PAYMENT METHOD ON FILE

CARD # _____

EXPIRATION DATE _____

SIGNATURE _____

METHOD OF SHIPPING

☐ GROUND SAVER (10 - 15 days)

☐ 3 - DAY SERVICE*

☐ SECOND DAY SERVICE*

☐ OVERNIGHT SERVICE*

*ORDERS RECEIVED BY 12:00 NOON (MT) NORMALLY WILL BE SHIPPED THAT SAME DAY.

Subtotal	
Sales Tax*	
Canadian Residents**	
Shipping & Handling	
TOTAL	

* You will be charged sales tax based on location. To be exempt, mail or fax Young Living a copy of your sales tax certificate.

** Add applicable customs fees and federal and provincial taxes.