



Zoégetics International, LLC
 1040 Booth Road, Ste 300
 Warner Robins, Georgia 31088
 Office - 478-225-2035
 Fax - 478-225-6268

Step 1 - Enroller Information

Enroller: _____

Enroller:

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Step 1.a - Sponsor Information (Placement)

Sponsor Name: _____
 (Placement)

Sponsor ID: _____
 (Placement)

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Left Right

Please fill out this section if you are personally enrolling a distributor in your downline and placing them below a different distributor. This information is applicable to the enroller only and not the distributor signing up. If there is any question about this section of the application please contact your enroller or Customer Service. Customer Service cannot advise any distributor where to place a new distributor.

Step 1.a - New Distributor Information

SSN/EIN:

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Company Name: _____

First Name: _____

Last Name: _____

Middle Initial: _____

Step 2.b - Billing Address

Address Line 1: _____

Address Line 2: _____

City: _____

Country: _____

State: _____

Postal Code: _____

Step 2.c - Shipping Address (Physical Address - No PO Boxes)

Check here if shipping address is the same as billing address.

Address Line 1: _____

Address Line 2: _____

City: _____

Country: _____

State: _____

Postal Code: _____

Residential

 Y

 N

(Please use full 9 digit zip code for accurate sales tax)

Step 3 - Contact Information

Home Phone: _____ Work Phone: _____
Work Phone: _____ Cell Phone: _____
Fax: _____ Email address: _____

Step 4 - Signup Options

Getting Started:

- Option 1** Price = \$69.95
- Option 2** Price = \$497.00

Step 5 - Autoship Options

Auto Zoé Order Options:

QTY	Description	Price	Plus Shipping & Handling
<input type="checkbox"/>	30 ZoéLife Serving Container (Tub)*	\$60.00 (60 CV)	7% sales tax ga residents
<input type="checkbox"/>	30 ZoéLife Sticks*	\$60.00 (60 CV)	7% sales tax ga residents
<input type="checkbox"/>	Family Pack* 2-ZoéLife Serving Containers (Tubs), 1-30 ZoéLife Sticks	\$120.00 (120 CV)	7% sales tax ga residents

*Auto ship will be processed 15 days after signing up, no exceptions. If you want to change your auto ship date, you may do so after the first auto ship has been processed. Please contact Customer Service to assist you. (478) 225-2035, 9am to 5pm EST.

Step 6 - Website Information

Please enter the name you would like for your website below.

<http://www.zoelifestyle.com/> _____

You may change your website name at any time after signup.
Please contact Customer Service to assist you with this change.

*Website name may only contain letters and numbers. No spaces, symbols or punctuation marks.

Step 7 - Payment Information

Credit Card #: _____

Expiration Date: _____

CVV2 Code: _____ CC Type: VISA MC AMEX DISC

Check here if credit card billing address is the same as billing address.

First Name: _____

Last Name: _____

MI: _____

Address: _____

Address 2: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Card Holder Phone: _____

Step 9 - Terms & Conditions

I hereby apply to be an Independent Distributor (hereafter "ID") with Zoégetics International, LLC. I understand I will not be an active ID until I take my first autoship. I certify that I am of legal age in the state in which I enter this agreement. I certify that I have read and understand the Compensation plan, the rules and regulations and the policy and procedures for Zoégetics International, LLC. I understand any application may be denied by Zoégetics International, LLC. I also understand I may cancel participation in the marketing program at anytime for any reason upon reasonable and written notice provided to Zoégetics International, LLC. Upon written notification of cancellation or termination, Zoégetics International, LLC. will re-purchase all purchased products or sales aids in accordance with its policies as stated in Zoégetics International, LLC Policies and Procedures.

Sign below to complete your Zoégetics International Distributor Application. By signing this form, you:

1. Certify that the tax identification number you provided to Zoégetics International, LLC during this application process is your correct taxpayer identification number;
2. Certify that you are of legal age (the age of majority) in the state in which you reside;
3. Authorize Zoégetics International, LLC to charge the above identified credit card for your Zoégetics Distributor Kit or Fast-Start Kits purchase and, if applicable, your monthly autoship order.
4. Verify that you have carefully read and understand the Zoégetics International Policies and Procedures and the Zoégetics International Compensation Plan and agree to abide by them. In the event your Application is accepted by Zoégetics International, LLC, you will have the right to terminate the Agreement at any time, with or without reason. Such termination must be in writing.

Initial the boxes to the left of each statement.

- I have read, understand and agree to abide by the terms set forth in the Zoégetics International Policies and Procedures.
- I have read, understand and agree to abide by the Zoégetics International Compensation Plan.
- I have seen the Zoégetics International, LLC opportunity presentation and understand this is a business opportunity not an investment.
- I understand that I am not required to make any product sales. However, in order to remain active in the Zoégetics' compensation plan, I must remain on the autoship program.
- I warrant that I have been given no representations as to the amount of money I might make, if any, by being an ID of Zoégetics International, LLC and my decision to be an ID is not based upon any such statement, representation, or claim of prospective income.

By Signing below, I certify that I have read the above statements, and have personally initialed each statement.

SIGNATURE: _____ **DATE:** _____