

PURE HERBS, LTD. DISTRIBUTOR APPLICATION AGREEMENT

33410 STERLING PONDS BLVD., STERLING HEIGHTS, MI 48312

PHONE: (800)860-4372 FAX (586)446-8218

WEB SITE ADDRESS: www.pureherbs.com

PLEASE TYPE OR PRINT CLEARLY— \$35 APPLICATION FEE

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
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COMPANY NAME IF APPLICABLE

MAILING ADDRESS***:

CITY (PLEASE DO NOT ABBREVIATE):	STATE OR COUNTRY	ZIP CODE OR POSTAL CODE:
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SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE) (**PLEASE MAKE NOTE THAT UPS DOES NOT SHIP TO A P.O. BOX):

COMPANY NAME IF APPLICABLE

CITY (PLEASE DO NOT ABBREVIATE):	STATE OR COUNTRY	ZIP CODE OR POSTAL CODE:
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PRIMARY PHONE NUMBER WITH AREA CODE: ()	ALTERNATE PHONE NUMBER WITH AREA CODE: ()	2ND ALTERNATE PHONE NUMBER WITH AREA CODE: ()
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APPLICANTS SOCIAL SECURITY NUMBER FOR TAX PURPOSES ONLY:	OR	APPLICANTS FEDERAL TAX ID. NUMBER FOR TAX PURPOSES ONLY:
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SPONSORS NAME (YOU MUST HAVE A SPONSOR WHO IS AN ACTIVE DISTRIBUTOR OR CHECK MARK THE BOX BELOW):
<input type="checkbox"/> CHECK HERE IF YOU NEED A SPONSOR , IF SO WE WILL TRY TO FIND SOMEONE IN YOUR AREA, BUT YOU MUST REMAIN WITH HIM/HER FOR A PERIOD OF ONE YEAR. <u>WHEN REJOINING, IF EXPIRED, WE STILL NEED THIS INFORMATION.</u>

CHECK HERE IF YOUR SHIPPING ADDRESS IS RESIDENTIAL.

OR

CHECK HERE IF YOUR SHIPPING ADDRESS IS COMMERCIAL (NOT ATTACHED TO HOME).

METHOD OF PAYMENT:	VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS	CHECK OR MONEY ORDER	CASH
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CREDIT CARD NUMBER:	EXPIRATION DATE:	V-CODE	BILLING ZIP CODE:
	/		

CHECK HERE IF YOU WOULD LIKE US TO PUT YOUR CREDIT CARD ON FILE.

<u>IN ORDER TO PROCESS APPLICATION, SIGNATURE OF APPLICANT & TAX INFORMATION IS REQUIRED:</u>	
	DATE: 
SIGNATURE ABOVE	
I HAVE READ AND AGREE TO ALL THE TERMS AND CONDITIONS OF THE APPLICATION AGREEMENT FORM LOCATED ON THIS WEB-SITE AND HAVE SUBMITTED MY \$35 APPLICATION FEE.	

 SIGNATURE & DATE ABOVE IS REQUIRED 