HEALING THE GLOBE
A Healing America Company

# "CANADIAN" APPLICATION AND AGREEMENT

426 Salem Drive
Owensboro, KY 42303
www.healingamerica.com
tel: (270) 688-0075
fax: (270) 688-8344

## APPLICANT Type or Print Clearly * Complete All Blanks * Read Side Two Completely * Signature Required

Social Security No. or Fed I.D. #

DATE OF BIRTH Month Day Year

HOME PHONE AREA CODE NUMBER

WORK PHONE

FAX PHONE

FIRST NAME M.I.

LAST NAME

BUSINESS NAME (if applicable)

ADDRESS (number and street - UPS does not deliver to PO Box numbers)

CITY PROVINCE POSTAL CODE

EMAIL ADDRESS

EXAMPLE: joe@aol.com

## SPONSOR

SPONSOR'S NAME

Associate #, S.S.#, or Fed I.D.#

CENTER #

***PLACEMENT:*** Automatic placement of this Sales Associate's BV will be at the nearest point in the weakest leg of the Sponsor's 001 organization ***unless otherwise specified***. Sponsor may elect to "place" BV at a specific point in the organization. COMPLETE the following section, otherwise, PLEASE leave this section blank, **as *no changes* in placement are allowed.**

PLACE BUSINESS VOLUME UNDER

Associate #, S.S.#, or Fed I.D.#

CENTER #

Circle Right or Left: RIGHT / LEFT

## AUTHORIZATION

By signing below, I acknowledge receipt of the Terms of Agreement and the Policies and Procedures on the reverse side of this form. I have closely read, understand and willingly agree to be bound by all of these terms and conditions. I have the right to cancel my Registered Sales Associate status at any time, regardless of reason, by submitting such cancellation notice in writing to HealingAmerica at the above address. Please accept my Registered Sales Associate Application in accordance with all of HealingAmerica's terms and conditions.

X _____
Applicant Authorization Date

## OPTIONAL INITIAL PRODUCT ORDER FORM

### FORM OF PAYMENT

- ☐ VISA
- ☐ MASTER CARD
- ☐ Discover
- ☐ Personal Check
- ☐ Fax Check

X _____
Authorizing Signature

X _____
Print Name

Card Number

EXP. DATE

All Payments in US Funds ONLY

| Check One | TAX VALUE | TOTAL |
|---|---|---|
| ☐ ***Personal Internet Retail Kiosk*** *"product pack"* | *$ 595.00* | |
| ☐ ***Qualified Retail Sales Associate*** *"product pack"* | *$ 295.00* | |
| ☐ ***Preferred Customer product pack*** *(optional order included)* | | |

***Please print clearly the first 3 choices for website name ( 3 - 30 characters) and password:***

***Website Name # 1*** _____ ***Example: www.?????.healingamerica.com***

***Website Name # 2*** _____ ***Password*** _____ ***(3 - 8 characters)***

***Website Name # 3*** _____

| | |
|---|---|
| **Shipping & Handling** Product total "x" .06 . ($ 8.00 minimum) | |
| **Sub-Total** Product Total + Shipping | |
| **G.S.T.** Sub total "x" .07 | |
| **Brokerage Fee** | **$ 10.00** |
| **GRAND TOTAL** Sub Total + G.S.T. + Brokerage Fee | |

## OFFICE USE ONLY

Date Received | Entered By | Date Entered | Approval Code | HTG# | REV. 05-02