

PERFECT HEALTH *for* LIFE (PH4L)

Member Registration Agreement

Date: ____/____/____ Time: _____

Member ID: _____

Sponsor ID: _____

Sponsoring Member

Last Name: _____ First Name: _____ MI: _____

Member Registration Information

Business Name: _____

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Cell Phone: _____ Other Phone: _____

To receive order confirmations, product updates and special offers, PHL must have a unique email address for each Member.

DL#: _____ Proof Of Identity

Social Security Number - You do not need to include SS# until you are owed commission payments.

Placement Instructions: _____

Replicated Web Address: _____

Registration Package

\$59.00 Minimum Purchase Volume per month.

Initial Package:

Pick One Entry Position:

Position (Product Purchase Level I) \$ 300.00

OR

Position (Product Purchase Level II) \$ 550.00

(Shipping and Handling) \$ \$15.00

Membership Fee \$ 49.00

SUBTOTAL \$ _____

Sales Tax (As Applicable) \$ _____

TOTAL \$ _____

Method of Payment (Select Only One)

- Discover Master Card
 American Express Visa
 Check

Card Number: _____ - _____ - _____ - _____

Exp ____/____ Authorization Code _____

Card Holder Name (Please Print Legibly)

X _____

Card Holder Signature

Card Holder Address if Different from Above.

REGISTRANTS MUST READ AND SIGN AUTHORIZATION AND AGREEMENT ON REVERSE.

Member Information/Code Of Conduct

1. Member agrees to conduct themselves in an honest and ethical manner at all times. False statements or exaggerations are not condoned nor tolerated. It is understood by the member that his/her conduct and veracity are a reflection of the company and any breach of these ethics can be cause for termination.
2. Member understands that the company will provide training and information for the use by the member in recruiting new members by offering the opportunity and selling of company products. Member agrees to adhere to this information for all contact with customers and potential vendors.
3. Member understands that they are in Independent Distributor and not an Employee of the Company. Member can in no way can encumber the company, and/or enter into any agreement for the company as an authorized representative of company.
4. All literature not produced by the company must be approved by the company in writing before use or distribution.
5. Compensation Program is available Online. (Comp Plan is explained at all opportunity meetings)
6. Company reserves the right to make changes to MI/COC with 30 days notice by written or online notification in the future.

Authorization and Agreement
(Each Registrant Must Read and Sign)

AGREEMENT TO MEDIATE AND ARBITRATE DISPUTES – Perfect Health for Life (“PH4L”) and its Members mutually agree to resolve all claims and disputes arising out of or relating to an independent business.

I agree to submit any dispute I may have with another Member, a former Member, PHL, or an Approved Provider of business-related materials, to conciliation. I further agree that if any claim or dispute—arising out of or relating to my Independent Business, the Member Contract (including any claim against another Member, a former Member, or any such Member’s officers, directors, agents, or employees; or against PHL Company, and any parent, subsidiary, affiliate, predecessor or successor thereof, or any of their officers, directors, agents, or employees)—which cannot be resolved by good faith efforts in conciliation, I will submit to binding arbitration. The arbitration award shall be final and binding and judgment may be entered upon it by any court of competent jurisdiction. Demand for arbitration shall be made within 2 years after the claim arose, but in no event after the date when the initiation of legal proceedings would have been barred by the applicable statute of limitations. I acknowledge that this Agreement evidences a transaction involving interstate commerce. The Federal Arbitration Act shall apply in all cases and govern the interpretation and enforcement of the arbitration rules and arbitration proceedings. The agreement to conciliate and arbitrate is reciprocal and binds PHL, Members and Approved Providers.

The Arbitrator, and not any federal, state or local court or agency, shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of this Agreement, including, but not limited to, any claim that all or any part of this Agreement is void or voidable.

REGISTRANT - I certify that all of the information I have submitted is complete and correct, including my sponsoring Member information. I have read and agree to adhere to the terms of this Entire Agreement Including Code of Conduct and Member Information. I also certify that I understand the Program as presented by PHL representatives, and further understand the roles and responsibilities of my active Membership in the Program.

Registrant Signature: _____ **Date:** ____/____/_____

Initials of attending PHL representative:

Name Of PHL Representative _____