

NUTRITION & HEALTH EDUCATOR, INC. DBA NUTRIGENESIS APPROACH
Distributor Application and Agreement For Individuals

New Distributor Information		
Name:		
Date of Birth (month/day/year):		
Sex:	Height:	Weight:
Address:		
City, State, Zip, Country:		
Social Security Number:		
Personal ID Number (PIN): (Assigned by NHEI)		
Phone:		Fax:
E-mail address:		

Terms of This Agreement

1. I am of legal age in the state in which I enter this agreement.
2. As a **Distributor** of **Nutrition & Health Educator, Inc. (NHEI)**, I acknowledge that I am an independent contractor and not an agent or employee of **NHEI**.
3. I understand that no purchase other than one Starter Kit #1 with **Lean-N-Clean®** or **Acidgone®** at retail price or 1 case (12 containers) + 1 Nutrigenesis Approach Program Manual at current wholesale price plus \$100 registration fee is necessary to become a **Distributor** of **NHEI**.
4. I understand that in order to maintain a viable marketing system and to comply with the changes in applicable laws, **NHEI** reserves the right to change prices, company policies and/or the marketing plan, without prior notice to Distributors.
5. I agree to abide by all terms and conditions as stated in this agreement and in the most updated **NHEI Distributor Agreement Addendum**.
6. Distributor is responsible for paying local, state and federal taxes due on retail profit generated from sale of **Nutrigenesis Approach** brand products and/or other products purchased from NHEI at wholesale prices.
7. Distributor shall comply with all state and local taxes and regulations governing the sale of all products sold by NHEI.

Included with this application is US\$_____ for _____
 + US\$100 registration fee + shipping and handling fee of US\$_____ for a total of US\$_____.
For customers outside of USA, shipping and handling fee must be confirmed in advance. Send inquiry by e-mail to CustomerService@nutrigenesis.com; fax to: 1-407-264-8440.
If you have questions, you may call toll free: 1-800-901-LEAN (5326) or 407-847-8378

Payment by: Visa ___ Mastercard ___ Am. Ex. ___ Money order ___ (Checks are not accepted)

Credit Card Number: _____ - _____ - _____ Exp. Date _____

Applicant Signature: _____ Date: _____

Mail application to Nutrigenesis Approach, 1628 Regal Oak Drive, Kissimmee, FL 34744 U.S.A.
 If paying by credit card, fax to: **407-264-8440**. To sign up and pay online, visit: **www.nutrigenesis.com**