

DISTRIBUTORSHIP APPLICATION and AGREEMENT

Biometrics International, Inc.

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Fax 707-220-4187



SPONSOR I.D. #

SPONSOR Phone #

SPONSOR Information - Last, First, Middle Initial
 MI

Applicant Social Security #

OR

Federal Tax ID #

(+) Attach Form #109

Resale Tax # †

† Please provide proper certification in accordance with your state.

Distributor Name - Last, First, Middle Initial
 MI

Email

Name of Spouse or Co-Applicant - Last, First, Middle Initial
 MI

Co-Applicant Social Security #

Mailing Address

Apartment #

City

County

State

Zip Code

Shipping Address if different from above - (Note: Shipments cannot be made to P.O.Box)

Apartment #

City

County

State

Zip Code

Home Phone #

Cell Phone / Business Phone #

Fax #

AGREEMENT OF BIOMETICS DISTRIBUTORSHIP

In consideration of the terms and conditions contained herein, Distributor understands and agrees to the following:

- I hereby submit my application to become an Independent Distributor with Biometrics.
- I am of legal age in the state in which I entered into this Agreement.
- I understand that Biometrics will only accept applications from individuals with a valid Social Security number or Federal Tax I.D. Number.
- I will be an Independent Distributor, responsible for my own business. I am not an agent, employee or franchisee of Biometrics. I am responsible for the payment of all Federal State and city self-employment taxes and for obtaining any necessary licenses. I will not be treated as an employee for purpose of the Unemployment Act or State Employment Security Act.
- I understand and agree that this is not a franchise nor are there any exclusive territories. I further understand that I am not required to make any purchases to become a Distributor, nor am I required to maintain an inventory.
- I hereby agree to represent the Biometrics Compensation Plan fairly and completely emphasizing that retail sales are a requirement and that no recruitment fees can be derived from the mere act of sponsoring distributors. I also understand that no earnings are guaranteed from participating in the Compensation Plan.
- I will not distribute literature or materials representing Biometrics or its products other than those which are provided by Biometrics unless authorized by the company in writing.
- The term of this Agreement is for one (1) calendar year. I understand that I must apply for and renew this Agreement during the same month of my distributorship anniversary date every year with the required renewal fee.
- I understand and agree that this Agreement cannot be sold, assigned or transferred without prior written approval from Biometrics.
- I understand and agree that Biometrics may from time to time amend and change the Rules and Regulations or Compensation Plan. I further agree to be bound by such changes upon notification through official Biometrics literature in order to maintain a viable marketing program. Biometrics reserves the right to change prices, company policy, company literature and/or the Compensation Plan, without prior written notice.
- This Distributorship becomes effective upon acceptance of this completed and signed Distributor Application and Agreement form by Biometrics.
- As a Distributor I understand the Compensation Plan and that I am not guaranteed any income nor am I assured any profits or success.
- I certify that neither Biometrics nor my sponsor has made any claim of guaranteed profits or representations of anticipated profits that might result from my efforts as a Distributor. I understand that my success as a Biometrics Distributor comes from retail sales services and the development of a distributor network. I will make no statements, disclosures, or representations in selling Biometrics products, services, or in the recruiting of other prospective Distributors, other than those contained in approved company literature.
- I understand and agree that this Application and Agreement, including company Rules and Regulations, both incorporated herein by reference, constitute the entire Agreement between the parties hereto.
- I understand and agree that either party may terminate this Agreement by giving notice to the other party, in writing, thirty (30) days in advance. This Application and Agreement is governed by the laws of the State of California and is binding upon the successors and assigns of both parties.
- I have read this Agreement and hereby agree to abide by and be bound by the terms contained herein. I also agree to abide by and be bound by the Biometrics Rules and Regulations as provided in my Distributor Kit or supplied to me by my sponsor.

MUST CHECK ONE:

- CORE PLUS PROGRAM: \$119.00 + tax**
Rank: Bronze Consultant Includes: 2 - AP3, 2 - BF1, 2 - GNP1, & DK4
Shipping:** Standard = 5% of Total Retail (5 days) Express = 9% of Total Retail (3 days)
 (Alaska, Hawaii and Puerto Rico additional service charges apply)
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- PREMIUM ENROLLMENT: \$175.00 + tax**
Rank: Silver Consultant Includes: AP3, BF1, GNP1, BA1, CM1, FC1, BB1, BE1, BZ1, DK4
Shipping:** Standard = 5% of Total Retail (5 days) Express = 9% of Total Retail (3 days)
 (Alaska, Hawaii and Puerto Rico additional service charges apply)
SAVE NOW!* Receive 30% Discount on one-time additional product order submitted with distributorship application.**
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- FAST START PROGRAM: \$150.00 + tax**
Rank: Silver Consultant Includes: AP3, BF1, GNP1, BA1, CM1, BZ1 & DK4
Shipping:** Standard = 5% of Total Retail (5 days) Express = 9% of Total Retail (3 days)
 (Alaska, Hawaii and Puerto Rico additional service charges apply)
SAVE NOW!* Receive 30% Discount on one-time additional product order submitted with distributorship application.**

**NOTE: \$5.00 service charge will be applied to every order shipped.
 ***NOTE: Please submit a separate Product Order Form to order additional products.

Payment Information:

- (Please check one) Cash Money Order Check MasterCard
 VISA American Express Discover

Credit Card #

Exp. Date mm/yy

Print Name as it appears on Credit Card

 Authorized Signature

I have read and understand the Agreement of Distributorship

 Applicant's Signature

 Date

 Co-Applicant's Signature (if applicable)

 Date

RECORDS: FOR OFFICE USE ONLY
 Biometrics International Inc.® 050109