

## 1. Customer Information (Please print clearly)

Please enroll me as a

- Preferred Customer.** I commit to purchase products totaling at least (check one):
- Direct Customer.** I'll pay the regular price for Melaleuca products.
- Mr.  Mrs.  Ms.
- 35 Product Points each month. I'll receive 30% to 40% off the regular price of Melaleuca products and participate in the Loyalty Shopping Dollars program.
- 75 Product Points each month. I'll receive additional benefits.

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

SPOUSE'S FIRST NAME (If spouse is also an applicant) \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

SHIPPING ADDRESS (For mailing of information, materials & products)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS (Send my order confirmation to this email address)

Please indicate preferred phone number(s) for contacting you.

HOME \_\_\_\_\_

BUSINESS \_\_\_\_\_

MOBILE I wish to receive text messages from Melaleuca. See reverse for details. \_\_\_\_\_

BIRTHDATE Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

MEMBERSHIP PORTFOLIO # \_\_\_\_\_

\$25 membership fee required if not purchasing a \$29 Membership Kit.  CHECK ENCLOSED  BILL MY PRIMARY FORM OF PAYMENT

## 2. New Customer Account Information

To protect your Preferred Customer status, please provide two forms of payment. At least one form of payment is required. All accounts must be in the name of the new customer.

### PREFERRED FORM OF PAYMENT (Required)

- VISA  MASTERCARD  DISCOVER/NOVUS

### SECONDARY FORM OF PAYMENT

- VISA  MASTERCARD  DISCOVER/NOVUS

**ELECTRONIC CHECKING** (Write your bank account number in the space below. Attach a voided check to verify your account number and for us to notify your bank of this agreement for pre-authorization. Electronic checking information provided by telephone is an authorized payment method while the Customer Membership Agreement is in transit.) **Electronic checking as a method of payment is not available in Puerto Rico.**

\_\_\_\_\_

In the event that the preferred method of payment indicated above is not valid, Melaleuca will charge any other valid method of payment on file. AUTHORIZED SIGNATURE \_\_\_\_\_

## 3. Choose Your Backup Order: (Required for all Preferred Customers)

### Choose the Preferred Customer Backup Order that fits your needs.

Your automatic Backup Order keeps you in good standing to receive your Preferred Customer discount and other Preferred Customer benefits. If you're away on vacation or business, don't meet your Product Point commitment, or just forget to place your order, the Backup Order will be sent automatically, assuring that you meet your Product Point commitment and that you receive all Preferred Customer savings and benefits. (SALES TAX and SHIPPING & HANDLING NOT INCLUDED)

### Preferred Customer Backup Order Selections, Check Item

- Select Pack** (Complete form on the back side of white copy)
- Wellness Backup Order—42 PTS (Vitality 6\*)—\$69.99  For Women  For Men
- #1—35 PTS Backup Order (includes Vitality Pack\*)—\$50.49  For Women  For Men
- #2—35 PTS Backup Order (no Vitality Pack\*)—\$50.49
- #3—75 PTS Backup Order (includes Vitality Pack\*)—\$99.99  For Women  For Men

Initial here to acknowledge your Backup Order selection.

### 4a. Lead/Enroller

FIRST NAME **FRANK** INITIAL **X** LAST NAME **SCHWIND**

CUSTOMER NUMBER \_\_\_\_\_ PHONE **410 836-6529**

International Enrollment. My enroller is from the following country: \_\_\_\_\_

### 4b. Presentation By

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

CUSTOMER NUMBER \_\_\_\_\_ (FOR STANDING MEETING) PHONE \_\_\_\_\_

### 4c. Immediate Support Team Marketing Executive

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

CUSTOMER NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

## 5. Signature

BY SIGNING, I ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OLD AND HAVE CAREFULLY READ AND AGREE TO THE MELALEUCA CUSTOMER MEMBERSHIP AGREEMENT TERMS AND CONDITIONS INCLUDING THOSE LISTED SEPARATELY UNDER THE HEADING "TERMS AND CONDITIONS".

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**expresslink™**  
 click. click. click. shopping done.

Email and/or text message my ExpressLink shopping reminder on the \_\_\_\_\_ (day\*) of each month. For your convenience, a second email will be sent 5 days later if an order is not placed.  
 (\*between 1st-15th)



Be sure to sign up for Melaleuca's money-saving services. See the Services Order Form for more details on how you can get started and receive \$50 Loyalty Shopping Dollars. Be sure to check out your exclusive discounts with Melaleuca's online Retail Partners.

I may cancel this Agreement for any reason at any time by giving written notice to Melaleuca bearing my original signature, printed name, address, and Customer Number. Written cancellations received by Melaleuca on or before the 25th of the month will be effective the month received, written cancellations received by Melaleuca after the 25th of the month will be effective the following month. In addition to the foregoing, I may cancel this agreement for any reason within three business days from the date hereof by giving written notice to Melaleuca bearing the date, my printed name, and my original signature. Cancellation notices must be mailed to: Melaleuca, Inc., 3910 S. Yellowstone Hwy., Idaho Falls, Idaho 83402-6003.

