

# Distributor Registration Agreement Form

## Application Information (\*required fields):

Given Name\*

Surname\*

Spouse's Name

Address\*

Email\*

Sponsor's Name\*

Sponsor's ID #

## Akuna Registration Number

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
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OFFICE USE ONLY

Date of Birth\*

Y Y M M D D

Postal / Zip code\*

Telephone\*

Cell Phone

Fax

## The Agreement Witnesses That:

### I.

#### Purpose of the Agreement.

The purpose of the Agreement is to establish the privileges and responsibilities of the participating parties in relation to selling and distributing the products/services of the Company (Akuna). Based on this Agreement, the Distributor has the right to purchase the products/services from the Company at wholesale prices and sell those products/services to third parties.

### II.

#### Basis of the Agreement.

- The Distributor shall be an independent contractor and not employee of the Company.
- The Distributor agrees to pay an initial one-time administration fee.
- The Distributor agrees not to make any verbal or written claims concerning the products/services except as stated in official Company literature.
- The Distributor agrees to fully support the Company's 100% Customer Satisfaction Guarantee.
- This Agreement may be cancelled at any time by the Distributor or the Company by means of a written notice to the other party.
- The Distributor understands that if he/she elects to build an Akuna business, he/she will be required to sign an Leader Qualification Agreement, and pay the appropriate fee at that time.
- At any meeting where AKUNA products, the AKUNA program or marketing plan are presented, no other products, opportunities, programs or services are to be presented.
- By providing his/her email address, the Distributor agrees to be informed of any Akuna promotion, event, training or meeting.

Distributor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Method of Payment

CASH  CHEQUE

VISA  MASTERCARD  AMERICAN EXPRESS

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
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Card Number

Expiration Date

|                      |                      |                      |                      |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Month

Year

CVV Number

|                      |                      |                      |
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\_\_\_\_\_  
Name of Card Holder (Please Print)

\_\_\_\_\_  
Signature of Card Holder

**TOTAL**