

Submitter :

WA # :

Phone#:

Date:

dōTERRA®

# Wellness Advocate Agreement

WA# \_\_\_\_\_(Fill in by CS agent)

Order# \_\_\_\_\_(Fill in by CS Agent)

## STEP 1

### Personal Information

This agreement is an English version comparison with Chinese, if there are any discrepancy between the English and Chinese versions of those terms or conditions, the Chinese version shall prevail.

#### Wellness Advocate Information

Applicant Name		Spouse	
ID/ARC Number		Date of Birth	
E-mail			
Resident Address			
Mailing Address		Home Phone	
		Mobile Phone	

Enroller Name \_\_\_\_\_ Enroller ID \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Sponsor ID \_\_\_\_\_

## STEP 2

### Choose an Enrollment Kit Option

	Code	Enrollment kits	Price	PV
	32010302	Introductory Packet	\$ 800	0 PV
	32920302	Starter Kit	\$ 8,600	150 PV
	41180302	Home Essential Kit	\$ 10,500	225 PV
	41300302	Family physician Kit w/coconut oil	\$ 4,700	125 PV

	Code	Enrollment kits	Price	PV
	38890302	TCM Chi Kit	\$ 22,000	500 PV
	40990302	Oil Sharing Kit	\$ 37,500	1,000 PV
	60200481	Abundant Life Kit	\$ 45,500	1,100 PV
	60202039	Loving Family Kit	\$ 89,000	2,000 PV
	60203702	Health Guard Kit	\$ 13,900	325 PV

Payment method :  Credit Card (Visa/Master/JCB)  
 Cash  Transfer/Remittance

If you have other needs, please refer and to fill out Standard Order Form

Your order will be charged shipping fee NT\$100 if the amount is less than NT\$4000

(PV) \_\_\_\_\_ Total \_\_\_\_\_

Credit Card _____-_____-_____-_____	Date of Expiration: _____ CW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name as it appears on Credit Card	Phone: _____ Mobile Phone: _____

If the cardholder is not the purchaser, please sign the Disclaimer Clause

Signature: \_\_\_\_\_ ID/ARC NO.: \_\_\_\_\_ Phone: \_\_\_\_\_

With signature here, I acknowledge and agree the payment of this order will be charged to the credit card provided, I acknowledge and agree the payment should be settled between the payer and the buyer with our own responsibility. dōTERRA Taiwan LLC has no obligation for the payment disputation between customers.

Will-Call Center :  Taichung  Taipei  Kaohsiung  Hsinchu or  Shipping

Ship to the address as below

Shipping to:	Primary Phone: _____	Mobile Phone: _____
Shipping Address: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**STEP 3**

**Provide Copy of ID or Resident Permit**

Place copy of ID or Resident Permit here:

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**STEP 4**

**Monthly Loyalty Rewards Program (Optional) \_\_\_\_\_**

Date to ship LRP order( 1-28)\_\_\_\_\_ (Notice Your first Loyalty Rewards Program order will begin at the month following your enrollment)

LRP NO. : \_\_\_\_\_(Fill in by CS agent)

	Code	Product	Price	PV
	40920302	Lifelong Vitality Pack (LLV)	\$ 2,400	56 PV
	40930302	Vitality 3 + 1 Pack	\$ 3,160	79 PV
	20290402	Vitality 3+ 2 Pack	\$ 4,800	120 PV
	60200364	Vitality 3 + i Pack	\$ 3,700	80 PV

	Code	Product	Price	PV
	36260302	Salon Shampoo & Conditioner	\$ 1,300	28 PV
	21070302	Veráge LRP Kit w/Geranium	\$ 4,500	100 PV

Total (PV) \_\_\_\_\_ Total \$ \_\_\_\_\_

I hereby give my consent to participate in the "Loyalty Rewards Program" (hereinafter referred to as "LRP") set by dōTERRA Taiwan LLC. I participate in the program purely voluntary and understand that it is possible to change the contents of the LRP orders or the date of the LRP orders online or in writing within a specified period of time or request the company to change the information, order contents or terminate the LRP setting without any charge. I hereby authorize d TERRA Taiwan LLC to deduct the monthly LRP order amount from my designated credit card account (details as follows).

When the price of the product is changed by dōTERRA Taiwan LLC. I also agree to the amount of the price of the latest announced by company be deducted.

Payment method:  Credit card (Visa/Master/JCB)  Cash  Transfer/Remittance

\*Participate in the Loyalty Rewards Program and authorize dōTERRA Taiwan Office to save the following credit card details into the company's LRP setting system for monthly order charges. If you are not authorized to use the credit card payment, it won't be used for the LRP orders.

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card _____ - _____ - _____ - _____	Date of Expiration: _____ CVV <input type="text"/> <input type="text"/> <input type="text"/>
Name as it appears on Credit Card	Phone: _____ Mobile Phone: _____

\* If the cardholder is not the purchaser, please sign the Disclaimer Clause

Signature: \_\_\_\_\_ ID/ARC NO.: \_\_\_\_\_ Phone: \_\_\_\_\_

With signature here, I acknowledge and agree the payment of this order will be charged to credit card provided. I acknowledge and agree the payment should be settled between the payer and the buyer with our own responsibility. doTERRA Taiwan LLC has no obligation for the payment disputation between customers.

Will-Call Center :  Taichung  Taipei  Kaohsiung  Hsinchu or  Shipping

Shipping to:	Primary Phone:	Mobile Phone:
Shipping Address: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Attention:

- 1.If you failed to pick up your order within 20 days, the company will take the initiative to send the order to your registered address. Regardless of the amount of the order, the WA account will be charged NT\$100 shipping fee.
- 2.If you have set up your credit card in the LRP template, the company will use your credit card to pay the shipping fee before sending out your order.
- 3.If the shipping order is rejected and returned to the company, the WA account will be charged NT\$100 shipping fee.

**STEP 5** Provide copy of Bank Account Passbook

Place Copy of Bank Account Passbook here:

**STEP 6** Acknowledge Terms on Back by Signing

As Wellness Advocate of dōTERRA Enterprises Sort. I have read and agree to comply with the Loyalty Rewards Program agreement and the dōTERRA Policy Manual. If I refuse to fulfill the terms of agreement. I could terminate my membership at any time by given a written notice to dōTERRA. The article 16<sup>th</sup> in the agreement mentioned: Faxed of couples of this Wellness Advocate Agreement shall be deemed an original. To be valid couples submitted to dōTERRA by fax must include the front and back of the document.

I have read and agree the terms and conditions found the back of the Wellness Advocate Agreement. The agreement shall enter into force upon signature and with dōTERRA's consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_