

WELLNESS ADVOCATE NAME

MEMBER NUMBER #

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

EMAIL ADDRESS

RETAIL STORE INFORMATION

NAME OF RETAIL STORE

STORE OWNER

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

EMAIL ADDRESS

RETAIL STORE SQUARE FOOTAGE

TYPE OF STORE*

***AN IMAGE OF THE RETAIL STORE FRONT MUST ACCOMPANY THIS SUBMISSION.**

dōTERRA's Retail Store Policy. "With written approval from the Company, an Independent Product Consultant (IPC) may sell products and/or promote the dōTERRA business opportunity through retail stores such as health food stores, grocery stores, and other such establishments, except in such stores or establishments that, in the Company's sole discretion, are large enough to be considered state, regional or national chains." (dōTERRA policy, section 13 A).

By submitting this Retail Store Submission Form, I affirm that I have read Section 13.A of the Policy Manual and I acknowledge that I am responsible to comply with those guidelines. I also agree that the facts set forth in this form are true and complete and I have provided the necessary documentation. I understand that if my submission is denied I will not be permitted to sell dōTERRA products or promote the dōTERRA business opportunity through this retail store.

MEMBER SIGNATURE^

DATE

STORE OWNER SIGNATURE^

DATE

^ Please note in order for this form to be submitted successfully it requires a handwritten signature.
Please sign where indicated, print, scan and email the document to australia@doterra.com

LEGAL DEPARTMENT APPROVAL

MARKETING DEPARTMENT APPROVAL