



Account Usage Authorization Form

Dear Sir or Madam,

I, (Name) _____ WA ID _____

hereby authorise (Name) _____, WA ID _____

period of time _____, for the following:

Usage of My Account

To purchase dōTERRA products and services on my behalf.

Credit Card Usage

Bearer of credit card Visa/MasterCard/Amex Number _____

CVV _____ with expiry date ____ / ____ / ____, hereby authorize dōTERRA to charge my credit card upon

initiation from (Name) _____, holder of NRIC

_____ for the purchase of dōTERRA products.

AR Balance Charging

To purchase dōTERRA products on my behalf using my AR.

Product Collection

To collect dōTERRA products on my behalf.

*I understand and accept that this authorization will be **only** and generally used under my own requests.*

Name and Signature

Contact No: _____

Date: ____/____/____

dōTERRA Enterprises Singapore Pte Ltd

111 Somerset Road, #12-28 TripleOne Somerset, Singapore 238164

Tel: +65 6801 6900 Email: singapore@doterra.com Website: www.doterra.com/sg