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: CVV ☐☐☐
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: ☐☐☐☐☐		

STEP 3 Provide Copy of ID or Resident Permit

Place copy of ID or Resident Permit here:	

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
	36260302	Salon Shampoo & Conditioner	$ 1,300	28 PV
	40920302	Lifelong Vitality Pack (LLV)	$ 2,800	65 PV
	40930302	Vitality 3 + 1 Pack	$ 3,600	77 PV
	20290402	Vitality 3+ 2 Pack	$ 4,800	100 PV
	60200364	Vitality 3 + i Pack	$ 3,800	77 PV

	Code	Product	Price	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 ☐☐☐
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: ☐☐☐☐☐		

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 GH Ireland Limited. 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 17th 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:_____