

dōTERRA® Wellness Advocate Agreement

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

Mobile Phone

Enroller Name

Enroller ID

Sponsor Name

Sponsor ID

Mailing Address

Choose an Enrollment Kit Option

- | | | |
|--|--|---|
| <input type="checkbox"/> 32010302 Introductory Packet
NT \$800 / 0PV | <input type="checkbox"/> 41300302 Family physician Kit w/coconut oil
NT \$4,700 / 125PV | <input type="checkbox"/> 41180302 Home Essential Kit
NT \$10,500 / 225PV |
| <input type="checkbox"/> 60203702 Health Guard Kit
NT \$13,900 / 325PV | <input type="checkbox"/> 60216874 TCM Chi Kit
NT \$22,000 / 500PV | <input type="checkbox"/> 60216873 Oil Sharing Kit
NT \$37,500 / 1,000PV |
| <input type="checkbox"/> 60217118 Abundant Life Kit
NT \$45,500 / 1,100PV | <input type="checkbox"/> 60217116 Loving Family Kit
NT \$89,000 / 2,000PV | <input type="checkbox"/> other |

Will-Call Center : Taichung Taipei Kaohsiung Tainan

Shipping Address: _____

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

Credit Card _____ - _____ - _____ - _____	Date of Expiration: _____	CVW <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: _____

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)

40920302	Lifelong Vitality Pack(LLV)	\$ 2,800	65PV	20290402	Vitality 3+2 Pack	\$ 4,800	100PV
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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: _____