

# 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<br>NT \$800 / 0PV     | <input type="checkbox"/> 41300302 Family physician Kit w/coconut oil<br>NT \$4,700 / 125PV | <input type="checkbox"/> 60226400 MetaPWR Enrollment Kit<br>NT \$5,800 / 125PV |
| <input type="checkbox"/> 41180302 Home Essential Kit<br>NT \$10,500 / 225PV | <input type="checkbox"/> 60203702 Health Guard Kit<br>NT \$13,900 / 325PV                  | <input type="checkbox"/> 60216874 TCM Chi Kit<br>NT \$22,000 / 500PV           |
| <input type="checkbox"/> 60216873 Oil Sharing Kit<br>NT \$37,500 / 1,000PV  | <input type="checkbox"/> 60217118 Abundant Life Kit<br>NT \$45,500 / 1,100PV               | <input type="checkbox"/> 60217116 Loving Family Kit<br>NT \$89,000 / 2,000PV   |

Will-Call Center :  Taichung  Taipei  Kaohsiung  Tainan

Shipping Address: \_\_\_\_\_

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

|   |                           |  |
|---|---------------------------|--|
| 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: \_\_\_\_\_

## 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) | \$ 3,150 | 70PV | 20290402 | Vitality 3+2 Pack | \$ 5,100 | 100PV |
|----------|-----------------------------|----------|------|----------|-------------------|----------|-------|

## 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 17<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: \_\_\_\_\_