

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

- 32010302 Introductory Packet NT \$800 / 0PV
 Family physician Kit w/coconut oil MetaPWR Enrollment Kit Home Essential Kit Health Guard Kit
 TCM Chi Kit Oil Sharing Kit Abundant Life Kit Loving Family Kit other

Total Price : _____ PV : _____

(Shipping fee NT\$100 for orders under NT\$4,000)
(E-invoice defaults to your member carrier.)

Scan here to see all the kit details and additional starter kits.



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"/>
Name as it appears on Credit Card	Phone : _____	Mobile Phone : _____

If the cardholder is not the purchaser, please sign the Disclaime 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)

✓	SKU	Product	Item Price	PV

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 : _____