

This form is required when any business entity applies to become a dōTERRA Wellness Advocate. Please complete this form and return it with all other requested materials at the bottom of this form to the dōTERRA Home Office for acceptance and approval. All persons having any legal or beneficial interest (e.g., officers, presidents, directors, shareholders) should be identified. You may submit as many addendums as are necessary to be complete. If any information changes, including any organizing documents, dōTERRA must be notified in writing and provided copies of relevant documents within thirty (30) days of the change to avoid a material breach of your Wellness Advocate Agreement. This addendum binds all persons having a beneficial interest in the applicant company by the dōTERRA Wellness Advocate Agreement and Policy Manual.

Business Name

Name

Position/Title in Business

Email

Signature

Name

Position/Title in Business

Email

Signature

Name

Position/Title in Business

Email

Signature

Name

Position/Title in Business

Email

Signature

Federal Tax ID Number

Social Security Number

Phone

Fax

Date

Social Security Number

Phone

Fax

Date

Social Security Number

Phone

Fax

Date

Social Security Number

Phone

Fax

Date

REQUIRED DOCUMENTS

- Completed dōTERRA Wellness Advocate Agreement
- Signed IRS Form W-9
- This Business Application Addendum
- Copy of the Company's Organizing Document (e.g., Articles Certificates, etc.)