

SHAKLEE® APPLICATION

PLEASE PRINT CLEARLY. ALL SIGNATURES IN INK.

FOR OFFICE USE ONLY

Check here if you have applied by phone
 SHAKLEE ID# YOU RECEIVED
 Check here if adding spouse information
Language preference:
 English
 Spanish
 Chinese

HOW TO REACH ME

YOUR NAME (Last) _____ (First) _____ (M.I.) _____
 YOUR SPOUSE'S NAME, IF APPLICABLE (Last) _____ (First) _____ (M.I.) _____
 YOUR STREET ADDRESS (Include apartment number, if applicable) _____
 YOUR CITY/TOWN _____ COUNTY _____ STATE _____ ZIP CODE _____
 SSN OR ITIN, OR DRIVER'S LIC.# OR STATE ID CARD# (Req. for Distributorship) _____
 YOUR BIRTH DATE (mm/dd/yr) _____ YOUR PHONE NUMBER (With area code) _____
 SPOUSE'S SSN, ITIN, DRIVER'S LIC.#, OR STATE ID CARD# _____ SPOUSE'S BIRTH DATE (mm/dd/yr) _____
 E-MAIL ADDRESS (For free access to MyShaklee.com) _____

ABOUT MY SPONSOR

ID# OF ORIGINAL SPONSOR SIGNING ME UP (Sponsor must have SSN or ITIN on file with Shaklee) _____
 SPONSOR'S NAME (Last, First, M.I.) _____
 PHONE NUMBER (With area code) _____
 SPONSOR'S SIGNATURE (IN INK) (Sponsor has provided the new Distributor with a copy of the P&R) _____
 OPTIONAL :
 NEW SPONSOR I'M TO BE PLACED UNDER _____
 NEW SPONSOR'S ID# _____

HOW I'M GETTING STARTED

	ITEM CODE	QTY.	PRICE
<input type="checkbox"/> YES! I want a GOLD Ambassador Mission PAK (Includes New Distributor Welcome Kit) (For Distributors—requires SSN or ITIN)			
<input type="checkbox"/> GOLD Premiere Tru-Infinity™ Collection #59278 <input type="checkbox"/> Nutrition Therapy Skin Care™ Collection (Normal to Dry) #59308 <input type="checkbox"/> (Normal to Oily) #59310			
<input type="checkbox"/> Vivix™ Tru-Infinity Collection #59276 <input type="checkbox"/> Healthy Home, Healthy You™ Collection #59303 <input type="checkbox"/> GOLD Premiere Collection #59132			
<input type="checkbox"/> Cinch® Inch Loss Plan Collection #59131 <input type="checkbox"/> Kosher GOLD Premiere Collection #59106			299.00
<input type="checkbox"/> YES! I want the New Distributor Welcome Kit (For Distributors—requires SSN or ITIN)	<input type="radio"/> Ship Kit to Sponsor	#75576	39.95
<input type="checkbox"/> YES! I want the New Member Pack		#75297	19.95
<input type="checkbox"/> Sign up for a six-month Hotline Subscription (Via credit card)		n/a	24.00
<input type="checkbox"/> Sign up for a Personal Web Site (Three months FREE with GOLD Ambassador Mission PAK)		n/a	14.95/month
<input type="checkbox"/> Ask your Sponsor about other products			

STARTING NEXT MONTH

Sign me up on AutoShip so I can save 10%*
 Vivix and Vitalizer™ Includes Vivix and Vitalizer (choose one).
 Vitalizer #20246
 Vitalizer + Iron #20247
 Vitalizer Gold #20248
Plus an offer to purchase a Cinch Shake Mix canister** for only \$10 (SRP \$48), each month your Vivix and Vitalizer AutoShip is maintained.

Rx for a Healthier Life™ Includes Vivix, NutriFeron®, Cinch Shake Mix canister**, Vitalizer (choose one)
 Vitalizer #20246
 Vitalizer + Iron #20247
 Vitalizer Gold #20248
Plus an offer to purchase a Shaklee product for \$10 (up to \$93.25 SRP Value), each month your Rx For a Healthier Life AutoShip is maintained.

*Your orders will ship monthly, based on the date of your first shipment. (See reverse side for additional information.)
 **Your first Cinch Shake will be vanilla. Make changes to future orders and receive your coupon online at "Manage Autoship".

SUBTOTAL: \$ _____

CHOOSE YOUR METHOD OF PAYMENT

Check here if cashier's check or money order is enclosed
 CHARGE TO MY: MASTERCARD® VISA® AMEX® DISCOVER®

You may pay by credit card or cashier's check. If enrolling in AutoShip, you must pay by credit card to authorize monthly charges. Your credit card will be charged when Shaklee processes your order. If submitting a cashier's check, please call 1.800.SHAKLEE for complete order charges, including shipping & handling and tax. Sorry, personal checks are not accepted.

CARD NUMBER _____ (Exp. Date—mm/yy)
 NAME AS IT APPEARS ON THE CARD _____
 SIGNATURE OF CARDHOLDER (IN INK) _____

Membership/Distributor Fee: \$ _____
 SUBTOTAL: _____
Applicable S&H and tax will be calculated and added to your order.
 TOTAL: _____
(Enter from above)

I/We agree to abide by the terms set forth in the P&R, as amended from time to time, and other Shaklee publications, including any subsequent changes thereto. The P&R can be found at MyShaklee.com.

APPLICANT'S SIGNATURE (IN INK) _____ DATE _____

I/We have read and agree to all terms and conditions stated on Page 2 and certify that all the information provided is correct.

SPOUSE'S SIGNATURE, IF JOINING (IN INK) _____ DATE _____



Mail: Shaklee Corporation, Attn: Field Support, P.O. Box 8040, Pleasanton, CA 94588. Fax: 1.888.SHK.4FAX (1.888.745.4329)
 WHITE: Shaklee YELLOW: Applicant PINK: Sponsor