

MÖDERE™ BUSINESS ENTITY APPLICATION

PHOTOCOPY, FILL OUT, AND SEND. RETAIN THE BLANK ORIGINAL FOR FUTURE USE.

SOCIAL MARKETER INFORMATION:

PLEASE PRINT

FEDERAL TAX ID NUMBER OF APPLICANT

NAME OF CORPORATION, PARTNERSHIP, TRUST, OR DBA

STREET ADDRESS

SUITE NO.

P.O. BOX (IF APPLICABLE)

CITY

STATE

ZIP

PHONE

FAX

EMAIL

1. Type of business entity (check one):

- Proprietorship doing business under an assumed name (complete Section 4)
 - Corporation (complete Section 5)
 - Partnership (complete Section 6)
 - Trust (complete Section 7)
 - Limited Liability Company (L.L.C.) (complete Section 8)
-
-
-

2. Transfer of ownership interests in a Modere business by an entity are governed by Policy 4.26 in Modere's Policies and Procedures.

3. Sponsor Information:

NAME

IDENTIFICATION NUMBER

PLEASE TYPE OR PRINT LEGIBLY

(CONTINUED)

SECTION 4: ASSUMED NAMES

4. If you are applying as a Proprietorship operating under an assumed name, please complete the following:
I (we) hereby apply for a Modere Independent Business using the name:

The undersigned acknowledge that each is authorized to sign any document necessary to conduct business with Modere, and is liable for all contracts entered into with Modere jointly and severally. Each acknowledges that he/she is personally and individually bound to and must comply with the terms and conditions of the Modere Independent Social Marketer Application and Agreement, Policies and Procedures, and the Compensation Plan.

NAME OF OWNER PRINTED

SIGNATURE

SOCIAL SECURITY NUMBER

NAME OF OWNER PRINTED

SIGNATURE

SOCIAL SECURITY NUMBER

NAME OF OWNER PRINTED

SIGNATURE

SOCIAL SECURITY NUMBER

NAME OF OWNER PRINTED

SIGNATURE

SOCIAL SECURITY NUMBER

NAME OF OWNER PRINTED

SIGNATURE

SOCIAL SECURITY NUMBER

NAME OF OWNER PRINTED

SIGNATURE

SOCIAL SECURITY NUMBER

USE ADDITIONAL PAGES IF NECESSARY.
ALL OWNERS MUST SIGN AND PROVIDE THEIR SOCIAL SECURITY NUMBER.

MÖDERE™ BUSINESS ENTITY APPLICATION

(CONTINUED)

SECTION 5: CORPORATIONS

5. If you are applying for a Distributorship as a Corporation, please complete the following:

A. Name of Corporation: _____

B. State of Incorporation: _____

C. List the following information for all shareholders, directors and officers:

Use additional pages if necessary.

NAME SOCIAL SECURITY NUMBER

ADDRESS

TITLE/POSITION PHONE

NAME SOCIAL SECURITY NUMBER

ADDRESS

TITLE/POSITION PHONE

NAME SOCIAL SECURITY NUMBER

ADDRESS

TITLE/POSITION PHONE

Resolved that _____ (name of corporation) is authorized to enter a Modere Independent Social Marketer Application and Agreement with Modere and to execute any and all documents necessary to conduct business with Modere. We certify that this resolution was adopted by the Board of Directors of _____ (name of corporation) on _____ (date) at a meeting of the Directors properly called, and shall continue in effect until rescinded by resolution duly adopted by the Board of Directors of this corporation, notice of which shall be signed by the President of this Corporation and provided to Modere. Each shareholder, director, and officer acknowledges that, in addition to the obligations and responsibilities of the corporation, they are personally and individually bound to and must comply with the terms and conditions of the Modere Independent Social Marketer Application and Agreement, Policies and Procedures, and the Compensation Plan.

{Corporate Seal} President _____

Secretary _____

**ATTACH A TRUE AND CORRECT COPY OF THE ARTICLES OF INCORPORATION
WHICH WERE FILED WITH THE STATE IN WHICH THE CORPORATION IS ORGANIZED**

MÖDERE™ BUSINESS ENTITY APPLICATION

(CONTINUED)

SECTION 6: PARTNERSHIP

6. If you are applying as a Partnership please complete the following:

A. Name of Partnership: _____

We hereby apply for a Modere Independent Business using the name:

We, the undersigned partners of _____ (name of partnership), have formed this partnership under an agreement dated _____ for the purpose of conducting business as a Modere Independent Social Marketer. We certify that the names, Social Security Numbers, addresses, and phone numbers of the partners in this partnership are as follows:

NAME OF PARTNER SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF PARTNER SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF PARTNER SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF PARTNER SOCIAL SECURITY NUMBER

Each partner is authorized to sign any document necessary to conduct business with Modere, and is liable for all contracts entered into with Modere by the partnership both jointly and severally. Each partner acknowledges that, in addition to the obligations and responsibilities of the partnership, he/she is personally and individually bound to and must comply with the terms and conditions of the Modere Social Marketer Independent Application and Agreement, Policies and Procedures, and the Compensation Plan.

PARTNER SIGNATURE DATE

PARTNER SIGNATURE DATE

PARTNER SIGNATURE DATE

PARTNER SIGNATURE DATE

ATTACH A TRUE AND CORRECT COPY OF THE PARTNERSHIP AGREEMENT

MÖDERE™ BUSINESS ENTITY APPLICATION

(CONTINUED)

SECTION 7: TRUSTS

7. If you are applying as a Trust, please complete the following:

A. Name of Trust: _____

List the following for all Trustees:

Use additional pages if necessary.

NAME OF TRUSTEE SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF TRUSTEE SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF TRUSTEE SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF TRUSTEE SOCIAL SECURITY NUMBER

ADDRESS PHONE

I/we certify that I/we am/are the trustee(s) of the above-described trust created on _____
_. I/we certify that I/we am/are authorized to enter into the social marketer agreement with Modere and to sign any documents necessary to do business as a Modere Independent Social Marketer. Each trustee acknowledges that, in addition to the obligations and responsibilities of the partnership, he/she is personally and individually bound to and must comply with the terms and conditions of the Modere Independent Social Marketer Application and Agreement, Policies and Procedures, and the Compensation Plan.

NAME OF TRUSTEE (PRINTED) SIGNATURE

NAME OF TRUSTEE (PRINTED) SIGNATURE

NAME OF TRUSTEE (PRINTED) SIGNATURE

NAME OF TRUSTEE (PRINTED) SIGNATURE

ATTACH A TRUE AND CORRECT COPY OF THE PARTNERSHIP AGREEMENT

MÖDERE™ BUSINESS ENTITY APPLICATION

(CONTINUED)

SECTION 8: LIMITED LIABILITY COMPANY (L.L.C)

8. If you are applying as a L.L.C., please complete the following:

A. Name of L.L.C: _____

List the following for all L.L.C Members:

NAME OF MANAGER SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF MEMBER SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF MEMBER SOCIAL SECURITY NUMBER

ADDRESS PHONE

NAME OF MEMBER SOCIAL SECURITY NUMBER

ADDRESS PHONE

Use additional pages if necessary.

I certify that I am the Manager of the above-described Limited Liability Company (L.L.C) created on _____. I certify that I am authorized to enter into the social marketer agreement with Modere and to sign any documents necessary to do business as a Modere Independent Social Marketer. Each Member acknowledges that, in addition to the obligations and responsibilities of the partnership, he/she is personally and individually bound to and must comply with the terms and conditions of the Independent Modere Social Marketer Application and Agreement, Policies and Procedures, and the Compensation Plan.

PARTNER SIGNATURE DATE

PARTNER SIGNATURE DATE

PARTNER SIGNATURE DATE

PARTNER SIGNATURE DATE