

	<h1 style="margin: 0;">DISTRIBUTOR APPLICATION FORM</h1>		
	<p style="margin: 0;">PLEASE PRINT IN INK OR TYPE P.O. DRAWER 12279, FORT PIERCE, FLORIDA 34979 (772) 466-7707</p>		

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Last Name	First	Middle	Social Security Number
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Date of Birth	Marital Status	Telephone Number
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Spouse's Last Name (if applicable)	First	Middle	Social Security Number
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Street Address	Apt #	City / Town	State	Zip Code
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**In applying to become a distributor, I understand and agree that:**

1. I am at least 18 years old.
2. As an independent marketing distributor, I am not an agent, employee or legal representative of the Company. Therefore, I will be totally responsible for my own business and all local or federal taxes and or licenses.
3. There is no initial investment of any kind to become a Nutrition Outreach Distributor except for the purchase of the dealer kit.
4. I may terminate this agreement upon written notice to the Company. Also the Company may terminate me if I fail to comply with this agreement, marketing plan, or subsequent policies issued by the Company.
5. All purchase orders must be accompanied by money order, cashier's check, Visa, MasterCard or by Discover card.
6. All forms of advertising and printed materials not published by the Company must be submitted and approved by the Company prior to use.
7. The laws of Florida shall govern this agreement.
8. In this agreement, the word "Company" means "Nutrition Outreach International, Inc."

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Signature of Applicant	Date	Signature of Sponsor
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Sponsor's Last Name	First	Middle	Social Security Number
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