Independent Business Owner (IBO) Application and Agreement

Meds2Herbs

21 Rancho Rd., Tustin, CA 92780

FAX Application to: (714) 828-9033; (714) 543-1210   Call us at: (714) 507-8645; (714) 507-8192; (949) 698-7521

IBO Information			
Name:		SSS# or Fed Tax ID#:	
Co-Applicant:		SSS# or Fed Tax ID#:	
Mailing Address:			
Shipping Address (If different from mailing address):			
e-mail:			
Phone: Cell Phone:		Home Phone:	
Blosgsite User Name (Optional):			
Name of Sponsor:			
Starter Package			
Blogsite one time set-up fee:		(Extra charges for changes, revisions or updates apply)	
Business Builder Pack:		Moringa Capsules (20 Bottles) plus shipping	
Executive Pack:		Moringa Capsules (10 Bottles) plus shipping	
Payment Method: Paypal/Cash/Check (Checks returned without sufficient funds shall be charged $50.00 per check)			
Total Amount	$		
Card No.:		Expires:	
Printed Name on Card:		CW2	
I hereby authorize Sponsor to charge my credit card for all orders and payments indicated on this application and agreement			
Authorized Signature:		Date:	
I undertand that I will become an Independent Business Owner (IBO), I acknowledge that as an IBO, I am not purchasing a franchise or exclusive distributorship. I as an IBO certify, that I will operate my business in accordance with company rules and all government laws, rules and regulations; I shall establish and service my customers be responsible for my own business; I acknowledge that I am not an employee of the company that our affiliation is neither subject or governed by any employment laws, provisions, taxes or witholdings in the United States of America. With my signature below, I acknowledge that I fully understand and reviewed the terms and conditions herein and agree to be bound by them.			

Out of State Purchase are not subject to Sales Tax; CA residence Proof of "Seller's Permit" is required for sales tax to be waived

_____   _____   _____   _____
Applicant Signature   Date   Co-Applicant Signature   Date