

Last Name of Applicant		First Name		Middle Initial
Business Name - If applicable		Mailing Address		
Shipping Street Address - NO P.O. Boxes		City	State	Zip Code
Home Phone	Work Phone		Fax Number	
Social Security Number		Email address		

## Sponsor Information

**SPONSOR INFORMATION:** Applicant will be placed in the group of the sponsor. Sponsor receives the direct sales commission if The new Independent Distributor purchases QueLIFE products. This section must be completed. **(NO SPONSOR CHANGES)**

Last Name of Sponsor	First Name of Sponsor	Sponsors Phone	Sponsor I.D.	Placement Left <input type="checkbox"/> Right <input type="checkbox"/>
----------------------	-----------------------	----------------	--------------	---

## Optional Placement

**PLACEMENT:** New Independent distributor will be placed under this position. Once this information is submitted to QueLIFE, Inc. the **PLACEMENT WILL NOT BE CHANGED.**

Last Name of Distributor	First Name of Distributor	Placement's Phone	Placement's I.D.	Placement Left <input type="checkbox"/> Right <input type="checkbox"/>
--------------------------	---------------------------	-------------------	------------------	---

I want to be a QueLIFE, Inc. Independent Distributor. I have read the terms and conditions and I understand all of my options with this business opportunity. I agree to abide by the company rules and regulations stated on the back within this agreement. I have authorized my credit card to be charged \$25 one time processing fee for FULL Distributor or \$10 one time processing fee for Preferred Customer ( select one option below ) I understand that as an Independent Distributor, I may cancel this agreement any time by giving written notice to QueLIFE, Inc at the address above.

**NOTE: To order any products, complete the QueLIFE Product Order Form.**

<b>Payment Information</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	<input type="checkbox"/> Check
----------------------------	-------------------------------	-------------------------------------	-----------------------------------	---	--------------------------------

**Choose One:**  \$25 Full Distributor  \$10 Preferred Customer

\_\_\_\_\_  
PRINT Name as it appears on Credit Card

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Credit Card Billing Address

\_\_\_\_\_  
Billing Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **QueLIFE Distributor Terms and Conditions**

I understand that as a QueLIFE Independent Distributor, I may purchase products and services from QueLIFE at the Distributor price. I may sell QueLIFE products, I may sponsor others as QueLIFE Independent Distributors, and I may participate in the QueLIFE compensation plan subject to satisfying all applicable requirements, so long as I agree to abide by the following terms and conditions:

I have carefully read and agree to abide by the QueLIFE terms and conditions below.

I am of legal age in the state of my residence.

I agree that I am an Independent Contractor not an agent, employee or legal representative of the company. I also understand that I am responsible for and Federal or State taxes due on commissions, bonuses or retail profits earned while marketing QueLIFE products and services.

I shall supervise, train, support my distributors in my commissionable down line through personal contact, telephone, conference calls, emails, newsletters and company functions. I will also support my retail customers on a regular basis. QueLIFE will issue 1099 bonuses paid.

I shall not make any claims about QueLIFE products or services, and any misleading information about the QueLIFE business opportunity or income.

I understand there is an one time processing fee of \$25 for a FULL DISTRIBUTOR or \$10 for a Preferred Customer Status due on the join date.

I understand there is a \$3.00 check fee deducted from all Bonus checks paid by QueLIFE, Inc.

I understand each Distributor may occupy ONE Business Center only in the QueTEAM.

I understand QueLIFE, Inc. may amend products, compensation plan or terms and conditions at its sole discretion and such amendments shall be binding upon notification through normal QueLIFE communication channels such as Newsletter, Website, Email, Conference Calls or Mailings.

I agree I may cancel this agreement for any time or any reason upon notification in writing to QueLIFE, Inc of my election to cancel.