

IBO NO. INVOICE NO.

Please enter the assigned IBO number in the upper right corner.

REGISTRATION INFORMATION (To be completed by Registrant)

Form fields for registration information including Last Name, First Name, Social Security No., Spouse's Last Name, Spouse's First Name, Spouse's Soc. Sec. No., Street Address, City, State, Zip Code, Daytime Telephone Number, Home Telephone Number, Fax Number, and E-mail Address.

Have you or your spouse ever participated in the IBO plan? Yes No. If "Yes," please provide date of last activity: Month Year Previous IBO No.

AUTOMATIC RENEWAL (To be completed by Registrant if this option is chosen)

I request that my Independent Business and Independent Programs participation fees be automatically renewed for each subsequent calendar year beginning January 1. I agree that subsequent renewals of my Independent Business completed by this process do not require my signature to remain an authorized IBO for the applicable year.

Form fields for automatic renewal including Discover/Novus, MasterCard, Visa, Expiration Date, Card Number, Cardholder's Name, and Cardholder's Signature.

INTERNATIONAL SPONSOR INFORMATION (To be completed by Registrant)

If your Sponsor resides outside the U.S., Canada, Puerto Rico, Dominican Republic, or Haiti, please complete the information below: International Sponsor's Name, City, Country, A.D.A. No., Business Name, A.D.A. No., DD No., Country.

AUTHORIZATIONS (IMPORTANT: BOTH SPONSOR AND REGISTRANT MUST READ AND SIGN THIS REGISTRATION)

AGREEMENT TO ARBITRATE - I agree that I will give notice in writing of any claim or dispute arising out of or relating to my Independent Business, the Independent Business Ownership Plan, or the IBO Rules of Conduct, to the other party or parties involved in the dispute, specifying the basis for my claim and the amount claimed or relief sought.

If the claim or dispute is not resolved to my satisfaction within 90 days, or after the conciliation process is complete, whichever is later, I agree to submit any remaining claim or dispute arising out of or relating to my Independent Business, the Independent Business Ownership Plan, or the IBO Rules of Conduct (including any claim against another IBO, or any such IBO's officers, directors, agents, or employees; or against Quixtar Inc., Quixtar Canada Corporation, and any parent, subsidiary, affiliate, predecessor or successor thereof, or any of their officers, directors, agents, or employees) to binding arbitration in accordance with the Arbitration Rules, which are set forth in the IBO Rules of Conduct.

If I become involved in a claim or dispute submitted under the Dispute Resolution Procedures or the Arbitration Rules, I agree not to disclose to any other person not directly involved in the conciliation or arbitration process: (a) the substance of, or basis for, any claim; (b) the content of any testimony or other evidence presented during the conciliation and arbitration process or obtained through discovery; or (c) the terms or amount of any conciliation or arbitration award.

BUSINESS SUPPORT MATERIALS - I understand that some IBOs independently produce and distribute Business Support Materials (BSMs) such as books, magazines, audio and video tapes, software, Web sites, Internet services and other electronic media, support tools, or tickets to motivational or business-building seminars and rallies. Some IBOs earn income from the sale of BSMs apart from their earnings as IBOs.

REGISTRANTS - I certify that I have read this Agreement before signing it, and agree to abide by all of its provisions. I further agree to abide by any additional terms and conditions of use posted on the Quixtar.com Internet Web site. I understand that all I must do to become an IBO is possess the literature portion of the Quixtar Registration Materials. I certify that in deciding to become an IBO I have relied solely on the earnings representations and information contained in the Independent Business Ownership Plan. I certify that I have received, read, and understood the Independent Business Ownership Plan. I understand that the average monthly gross income earned by active IBOs was \$88.

REGISTRANT'S SIGNATURE DATE

SPOUSE'S SIGNATURE (if husband/wife partnership) DATE

PARENT OR GUARDIAN SIGNATURE DATE (Required to additionally accept responsibility if IBO is under 18, but over 16)

\*Registrant must be 16 years of age or older (see Rules of Conduct; Rule 3.3.3). If Registrant is under 18 but over 16, enter birth date here and a parent or guardian signature is required.

SPONSORS - I/We, the sponsoring IBO identified above, hereby promise to register the Registrant identified above pursuant to the Independent Business Ownership Plan and IBO Rules of Conduct.

SPONSOR'S SIGNATURE SPONSOR'S IBO NO. DATE

SPOUSE'S SIGNATURE (if husband/wife partnership) DATE

NOTE: The Independent Business Ownership Plan, Performance Bonus Schedule, Rules of Conduct, and Quixtar procedures, pricing, and fees may be modified from time to time.

UPON COMPLETION: MAIL ORIGINAL COPY TO QUIXTAR INC. Document Processing (SC-1U), 5101 Spaulding Plaza, Ada, MI 49301 DO NOT INCLUDE ANY OTHER CORRESPONDENCE OR ORDERS REGISTERING IBO SHOULD RETAIN A COPY FOR THEIR FILES BE SURE TO ALSO SIGN THE BSMAA FORM WITH YOUR SPONSOR AND MAIL TO ADDRESS STATED THEREIN

## QUIXTAR TERMS AND CONDITIONS

- Only individuals, not entities, may apply for authorization to become a Quixtar-affiliated *Independent Business Owner* (IBO). After completing the IBO Registration Form, a new IBO may transfer the business to certain permissible limited liability business entities by contacting the Quixtar Legal Division.
- Quixtar discourages the formation of partnerships (other than husband and wife) because of legal complications imposed on each member of an IBO partnership. For Quixtar's position on IBO partnerships, see Quixtar Bulletin No. 4.
- As used herein, the terms "You" and "Your" shall refer to the individual(s) signing the IBO Registration Form.

**Authorization and Contract.** By signing the IBO Registration Form, you apply for legal authorization to become a Quixtar-affiliated IBO. You acknowledge that prior to signing you have received, read and understood the Independent Business Ownership Plan, and that you have read and agree to the terms set forth on the IBO Registration Form. To become an IBO, you need only possess the literature portion of the Quixtar Registration Materials.

**Expiration and Renewal.** You must maintain a current authorization in order to preserve your rights as an IBO, including all rights to your sponsored and registered IBOs, Members and Clients. Your authorization expires on December 31st each year. To remain an IBO, you must annually submit prior to December 31st your Intent to Continue Renewal Agreement along with the required renewal fees. Your renewal may be processed electronically without any additional signatures from you, thus you agree to remain bound by the terms of your IBO Registration and the IBO Rules of Conduct as amended from time to time. Failure to annually renew your authorization on time will result in the loss of your rights as an IBO, including all rights to your sponsored and registered IBOs, Members and Clients. Note that If your IBO Registration Form is processed between September 1 and December 31, your authorization will automatically include the next calendar year.

**The Plan, Procedures and Rules of Conduct.** You agree to comply with the Independent Business Ownership Plan and all procedures and rules outlined in the Quixtar Business Compendium, including the IBO Rules of Conduct, which are specifically incorporated herein by reference. The same may be amended from time to time, and notice of any amendments will be published in official QUIXTAR™ literature and/or within Quixtar's Web site at [www.quixtar.com](http://www.quixtar.com).

**Presenting the Plan.** You agree when presenting the Independent Business Ownership Plan to present it in its entirety as outlined in official Quixtar materials, emphasizing that there is only one Independent Business Ownership Plan for all IBOs, and that retail selling is a requirement to receiving compensation in the form of performance bonus. In presenting the plan to prospects, you agree not to utilize any literature, materials or aids not produced or specifically authorized in writing by Quixtar. You agree to instruct all prospective IBOs to review the Independent Business Ownership Plan, and to inform them of the average monthly gross income for active IBOs.

**Selling Product.** You agree that you will not sell any NUTRILITE® Food Supplement products until you have read the Nutrilite statement included in the Business Compendium, and you agree to make no representations or claims about any products beyond those shown on product labels and/or in official Quixtar literature. You further agree to sell products available through Quixtar only in the United States, authorized offshore Caribbean Islands, and Pacific Rim markets, and to be bound by all sales tax collection agreements between Quixtar and the various taxing jurisdictions as well as the related rules and procedures established from time to time by Quixtar to effectuate those agreements.

**Line of Sponsorship.** You certify that the sponsorship information indicated on your IBO Registration Form is correct, and that if this is not your first application for authorization, your Line of Sponsorship is the same as under any previous authorization. If it is not the same Line of Sponsorship, then you confirm that you have complied with the Six-Month Inactivity Rule contained in the IBO Rules of Conduct.

**Independent Contractor Status.** You agree this authorization does not make you an employee, agent, or legal representative of Quixtar Inc., your sponsor, or your Platinum IBO. You will be operating your own independent business, buying and selling products available through Quixtar on your own account. You have complete freedom in determining the number of hours that you will devote to your business, and you have the sole discretion of scheduling such hours. Quixtar Inc. will not provide you with a place of business, and if you desire a place of business other than your own residence, you will be responsible for procuring, furnishing, and paying the rental for such place of business. With respect to services performed by you for Quixtar Inc., your sponsor, and Platinum IBO, you will not be treated as an employee with respect to federal or state tax purposes, and you will be responsible for payment of any self-employment and other income taxes. You will receive IRS Form 1099-MISC reflecting the amount of income paid to you during the calendar year by Quixtar Inc., your sponsor, or your Platinum IBO. It will be your sole responsibility to account for such income on your own tax returns.

**Availability.** Quixtar and the "IMC" business model is only available in the U.S., Canada, Puerto Rico, U.S. Virgin Islands, Guam, and the Pacific Islands of American Samoa, Federal States of Micronesia, Marshall, Northern Mariana, Palau, and Wake.

**Recordings.** You agree to permit Quixtar to obtain photographs, videos, and other recorded media of you or your likeness. You acknowledge and agree to allow any such recorded media to be used by Quixtar for any lawful purpose, and without compensation. You understand that you may cancel this authorization by sending a certified letter stating such cancellation to Business Communications (SC-2N), 5101 Spaulding Plaza, Ada, MI 49301.

**Remedies.** You understand that action may be taken against your Independent Business up to and including termination if you fail to comply with any terms of this Agreement, including the IBO Registration Form, the Independent Business Ownership Plan, Business Compendium, and the IBO Rules of Conduct.

**Independent Business Owners Association International (IBOAI).** As an IBO, for \$5.00 annually, you may support the IBOAI, a trade organization that provides IBOs with a channel of communication with Quixtar. This amount is included in the price of your Registration Materials. If you do not wish to support the IBOAI, you may send a refund request to Document Processing (SC-1U), 5101 Spaulding Plaza, Ada, MI 49301, which will issue a check or credit to refund the \$5.00.

**Independent Business Owners Benefits Association (IBOBA) Insurance Program.** As an IBO, you automatically become a participant in the IBOBA, a non-profit association that offers various benefits to IBOs. As an IBOBA participant, you can obtain valuable commercial insurance coverage at favorable group rates. The association presently offers this group coverage to all participants at a charge of \$3.00 per year. The \$3.00 insurance charge was included in the price of your Registration Materials. If you do not wish to take advantage of this coverage, you may send a refund request to Document Processing (SC-1U), 5101 Spaulding Plaza, Ada, MI 49301, which will issue a check or credit to refund the \$3.00.

**Miscellaneous.** In the event that any term or provision of this Agreement is held to be invalid or unenforceable for any reason, such invalidity or unenforceability shall not affect the remainder of this Agreement, and this Agreement shall be construed and enforced as if the invalid or unenforceable term or provision had never existed. No waiver of any default or breach of any provision of this Agreement, or failure to enforce rights contained herein, shall operate as or be deemed a waiver of any subsequent default or breach. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one instrument.

ONLINE OR TELEPHONE REGISTRATION TEMPORARILY AUTHORIZES YOU TO ACT AS AN IBO, SUBJECT TO THE IBO RULES OF CONDUCT, FOR A PERIOD OF 30 DAYS. IF A SIGNATURE COPY OF THIS FORM IS NOT SUBMITTED TO THE ADDRESS INDICATED HEREIN WITHIN 30 DAYS FROM THE DATE SUCH REGISTRATION IS FILED WITH THE CORPORATION, SUCH AUTHORIZATION WILL TERMINATE.