



BUSINESS ENTITY FORM—USA

Dist ID# _____
 New Brand Affiliate Account Amended Brand Affiliate Account

75 W. Center St., Provo, UT 84601
Please fax to 1-800-487-8000

DIRECTIONS:

- 1** Complete this agreement to supplement your application for an independent Brand Affiliate Account if operating as a Business Entity OR if there is more than one individual applying to become an additional party to the Brand Affiliate Account (excluding a spouse or a co-habitant). Please submit this form with a Brand Affiliate Agreement.
- 2** Please note that even if your Business Entity has a Federal Employer's Identification Number, you must still provide the Social Security Number of every other participant of the Business Entity. Nu Skin will only accept Social Security Number. AN Individual Tax Identification Number or similar ID numbers does not authorize you to work in the United States and will not be accepted by Nu Skin.
- 3** Mail to: Nu Skin USA, 75 West Center, Provo, Utah 84601 or Fax to 1-800-487-8000
- 4** The meaning of capitalized terms not found in this form is set forth in the Policies and Procedures.

PLEASE TYPE OR PRINT CLEARLY USING DARK INK

Federal Employer Identification Number <input style="width: 400px;" type="text"/>			
This business organization is a <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe) <input style="width: 400px;" type="text"/>			
Name of Business Entity (to appear on all correspondence) <input style="width: 950px;" type="text"/>			
Mailing Address	City/State	Zip Code	Daytime Telephone
<input style="width: 700px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Sponsor's Name (Last, First, Middle)	Sponsor's ID Number	Sponsor's Telephone	
<input style="width: 400px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	

List the Primary Participant of the Brand Affiliate Account and all other individuals who (i) are applying to be Brand Affiliates under the Brand Affiliate Account, or (ii) have an interest in the Business Entity (e.g., member, partner, director, officer, shareholder, or other position): All signatures below affirm that each of the signing parties is either (i) an individual who is applying to become an additional party to a Brand Affiliate Account (excluding a spouse or a co-habitant), or (ii) an individual with an interest or position in this Business Entity, who has read and accepted all of the terms and conditions detailed in the Contract, and that the Business Entity, and each individual, will comply with the terms and conditions of the Contract. THE PRIMARY PARTICIPANT IS AN AUTHORIZED AGENT OF THE BUSINESS ENTITY AND BRAND AFFILIATE ACCOUNT, HAS BEEN FORMALLY AUTHORIZED TO SIGN AND EXECUTE CONTRACTS ON ITS BEHALF, AND NU SKIN MAY REPLY AND ACT ON ANY INFORMATION PROVIDED BY THE PRIMARY PARTICIPANT.

Primary Participant (Last, First, Middle)	Title	Date
<input style="width: 950px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
Social Security Number	Signature	
<input style="width: 200px;" type="text"/>	<input style="width: 700px;" type="text"/>	

Name (Last, First, Middle)	Title	Date
<input style="width: 950px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
Social Security Number	Signature	
<input style="width: 200px;" type="text"/>	<input style="width: 700px;" type="text"/>	

Name (Last, First, Middle)	Title	Date
<input style="width: 950px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
Social Security Number	Signature	
<input style="width: 200px;" type="text"/>	<input style="width: 700px;" type="text"/>	

Name (Last, First, Middle)	Title	Date
<input style="width: 950px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
Social Security Number	Signature	
<input style="width: 200px;" type="text"/>	<input style="width: 700px;" type="text"/>	

Name (Last, First, Middle)	Title	Date
<input style="width: 950px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
Social Security Number	Signature	
<input style="width: 200px;" type="text"/>	<input style="width: 700px;" type="text"/>	

Name (Last, First, Middle)	Title	Date
<input style="width: 950px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
Social Security Number	Signature	
<input style="width: 200px;" type="text"/>	<input style="width: 700px;" type="text"/>	

List Business Entity names on back. This Form must be accompanied by a Brand Affiliate Agreement. All future changes to this Business Entity must be submitted in writing and must include the names and signatures of all original parties. The Company reserves the right to accept or reject any application to become an independent Brand Affiliate.