Como mandar su carta de Intención

1- Entrar a su cuenta NU Skin



Te damos la bienvenida a Nu Skin

Usuario (dirección de correo electrónico)

Contraseña

MOSTRAR

He olvidado la contraseña

ENTRAR

2- Ir a Los Volúmenes



2- Darle clic al icono de LOI

| | плетны отлу | € ® ÷ |
|-----------------------------------|-------------------------------|--------------|
| SALES ORGANIZATION COMMISSIONS | RECOGNITION PRODUCTS | - |
| GPS REPORT GROUP RETAIL CUSTOMERS | NTC MORE | |
| PERIOD March 2020 LEVELS | VIEW SELECT VIEW + HAS VOLUME | |
| Q Search ₹ | ≌ ± ¢ ⊡ | |
| Level Name | Flag Title | PSV GSV Link |

3- Seleccione el mes en cual quiere comenzar su calificación, y verifique su correo electrónico.

| SAN FRANCISCO 228 | I would like to begin my qualification in the month of | February 2020 🔻 |
|--|--|-------------------------------|
| DEPTO 217 | | February 2020 |
| | | January 2020 December 2019 |
| | | November 2019 |
| You must submit this Letter of Ir | ntent by the last day of the month in which you intend to qualif I has been received, I'm giving you my e-mail address: | |
| Aarque la cajita y dele contin | nuar | |
| I certify that all products purch applicable) have been used or res | ased by me are for personal use or resale, and that at least 80° | % of any prior purchases (if |

complete summary of the Sales Compensation Plan, please contact the company at 01-800-200-6756 or go to www.nuskin.com (Mexico).



5- Verifique su información, y dele clic a SUBMIT

2. Verification & Submission

Please verify that the following information is correct

4-

| Nombre | Dirección |
|--|---|
| Month to Begin Quali | fying Process: March 2020 |
| By submitting this application, I acknowledge that all products p least 80% of any prior purchase (if applicable) have been used Representative I must complete the qualification requirements of last day of the month in which I intend to qualify. | ourchased by me are for personal use and resale, and that at or resold. I understand in order for me to become a Brand outlined above and submit the Letter of Intent form by the |
| Having read this application, I acknowledge that I understand a Letter of Intent. | nd agree to meet all the requirements as outlined in this BACK SUBMIT |

6- Felicidades a comenzado su calificación

3. Confirmation

Application has been Submitted Successfully.

| AFANADOR, JOHANNA US01596474 Johaalahador nuskin Ogmali com | 21205 NE 37TH AVE APT 802 AVENTURA, FL 33180-4054 786-712-7687 | |
|---|---|--|
| Month to Begin Qualifying Process: March 2020 | | |
| | | |
| | How it Works | |