

OROVO Associate Agreement

OROVO, LLC | P.O. Box 2800 Orem, UT 84059 | www.orofo.com

Sponsor Information Sponsor Information MUST Be Filled Out Completely

sponsor's associate number	sponsor's last name	first	middle initial	sponsor's phone number (daytime) () -
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Applicant Information

applicant's last name (please print)	first	middle initial	applicant's date of birth (required) day/mon/yr / /	applicant's social security number
applicant's phone number (daytime) () -	fax number () -	email address		
mailing address			Billing address (must be address where deliveries can be signed for during business hours)	
city	state	postal code	city	state postal code

Replicated Site URL Please Choose Three UNIQUE Options For Your Replicated Site URL and Username

your replicated URL & username	your extranet password
Option 1. <u>www.orofo.com/</u>	When you become a registered Orofo Associate, you will have immediate access to the Associate Center where you can PLACE YOUR ORDERS plus view and manage many facets of your business. Your URL is also used as USERNAME to log in to your personal associate center. You will need to provide a password below to enter the Associate Center and become a Associate.
Option 2. <u>www.orofo.com/</u>	
Option 3. <u>www.orofo.com/</u>	

Terms & Conditions Please read over Terms & Conditions carefully before signing on the next page

I am applying to become an Associate with Orofo, LLC. Upon my payment clearing, I will receive provisional authorization to market Orofo's products and services to consumers all internet marketing and sales must meet guidelines in the Orofo's policies and procedures. I will receive commissions based on the business volume I generate, and the business volume generated by persons I sponsor, but not until Orofo has received a signed copy of this form and issues its final authorization. In conducting my Orofo business, I agree to adhere to the Policies and Procedures that accompany this application, as well as those of Orofo's Compensation Plan, the terms of which, by this reference, are fully incorporated in this Application & Agreement. By signing on next page, I apply to become an Orofo Associate. All signatures herein must be affixed personally. I MAY CANCEL THIS AGREEMENT AT ANY TIME BY GIVING OROFO WRITTEN NOTICE.

Signature

I have read and agree to the Terms and Conditions contained on the accompanying document and I am familiar with the return policy described in the contract. I hereby agree to be bound by the Terms and Conditions, which by reference are fully incorporated into this Associate Agreement. I certify that I am the age of majority and am legally able to enter into this Contract. I have read and agree to OROFO's Policies and Procedures and agree to be bound by the terms of confidentiality contained herein, and all other terms of the Contract.	
applicant's signature X	date



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Business Options Please Check One

- Business Center** One Autoship Position
- Business Building Package** Please Specify Number of Positions Desired Here: _____

Choose Your Products Please Choose Your Products From the OROVO Products List Provided by Your Referring Associate

Product	PV (Minimum of 20)	Autoship (yes/no)	Price

Please Fill Out the Next Six Boxes if You Intend to Start A Business Building Package

Product	PV (Minimum of 20)	Autoship (yes/no)	Price

Product	PV (Minimum of 20)	Autoship (yes/no)	Price

Product	PV (Minimum of 20)	Autoship (yes/no)	Price

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applicant's signature

X

date

