



U.S. Associate Application & Agreement

USANA Health Sciences, Inc.
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Salt Lake City, UT 84120
Customer Service: (888) 950-9595
Fax: (800) 289-8081
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www.USANA.com

ABOUT YOU.....

M / F _____
Name (Last, first, middle) (Note: If doing business under an assumed name, corporation, or partnership, submit the Corporation, Partnership, DBA Registration Form) Date of Birth (MM/DD/YYYY) Telephone Number

M / F _____
Co-Applicant Name (Last, First, Middle) Date of Birth (MM/DD/YYYY)

Applicant Residential Address

Applicant SSN, ITIN, or EIN

City State Zip Code

Co-Applicant SSN, ITIN, or EIN

E-mail

LANGUAGE PREFERENCE:

ENGLISH

SPANISH

MANDARIN

CANTONESE

Primary

YOUR SPONSOR INFORMATION

YOUR PLACEMENT INFORMATION

SPONSOR NAME (Last, first, middle) Name of the person whom the applicant will be placed under (Last, first, middle)

Associate Number Sponsor Telephone Number Associate Number Business Center

Placement of Business Center (mark one)

LEFT RIGHT

GETTING STARTED.....

Place your initial order.

- WELCOME KIT \$9.95 US PLUS SALES TAX.**
All new Associates must purchase a Welcome Kit. Includes 3 free cycles of the Business Accelerator Suite. To qualify, you must remain on a monthly 100 SVP Auto Order. After the trial ends, you will be charged the ongoing subscription rate of \$19.95 every 4 weeks. To avoid charges, remove the Business Accelerator Suite (Item # 824) from your Auto Order any time before the trial ends.
- Open 1 Business Center Open 3 Business Centers

Item #	Qty.	Product name	SV	Product Price
Total				

SAVE 10% WITH AUTO ORDER - YOUR SUBSCRIPTION TO HEALTH.....

Indicate below which products you would like to save 10% on by subscribing to a monthly order. You will receive your designated order every four (4) weeks. You can cancel your Auto Order by contacting USANA.

Item #	Qty.	Product name	SV	Product Price	Auto Order
Total					

Your shipping charges will be determined by the weight of your product and may vary by state. Your order form will be completed by USANA, or you may call Customer Service at 1-888-950-9595.

Information regarding USANA's return policy can be found online at: <https://www.usana.com/ux/dotcom/#!/en-US/terms>

HOW WILL YOU PAY?.....

Select a method of payment for ordering. The account information will be kept on file for future orders.

REGULAR PAYMENT Check Enclosed Check/Money order Visa MasterCard American Express

Cardholder Name

Card Number Expiration Date

I hereby authorize USANA Health Sciences, Inc. to electronically withdraw payment from checking account or my credit card for any order I place. USANA is authorized to withdraw payment equal only to the amount of the products that I order, plus applicable sales taxes and shipping; or for the amount of the Auto order I have established (plus additional amounts for substituted products if my regular products are unavailable). In the event a check or charge is dishonored for any reason, I agree to pay a \$20 service fee. I authorize USANA Health Sciences, Inc. to charge the account or credit card listed in this agreement a total of \$20.00 (plus applicable sales taxes) on an annual basis for the purpose of automatically renewing my Associate Agreement. This amount shall be charged on the anniversary date of my application.

If you fail to provide USANA with a TIN or the TIN you provide to USANA is incorrect, USANA will withhold and pay to the IRS 28 percent of your income over \$600, unless you certify to USANA that you are a corporation exempt from backup withholding or otherwise not subject to backup withholding. By signing this Agreement, you certify that (i) the TIN you have provided to USANA is correct, (ii) you are a United States person (including a resident alien), (iii) if applicable, you are not subject to backup withholding, and (iv) you are exempt from the requirement to report foreign financial assets under the Foreign Account Tax Compliance Act ("FATCA").

AGREEMENT.....

- I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE.
- I HAVE REVIEWED AND AGREE TO USANA'S TERMS & POLICIES AND COMPENSATION PLAN. (To obtain a copy of the Terms & Policies and Compensation Plan, please call Customer Service at (888) 950-9595.)
- I HAVE REVIEWED USANA'S COMPENSATION PLAN. I UNDERSTAND THAT USANA DOES NOT GUARANTEE ASSOCIATES' FINANCIAL SUCCESS AND I CERTIFY AND THAT NOBODY HAS ASSURED ME THAT MY USANA INDEPENDENT BUSINESS WILL BE PROFITABLE.
- I UNDERSTAND THAT I AM AN INDEPENDENT CONTRACTOR AND WILL NOT BE TREATED AS AN EMPLOYEE OF USANA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO FEDERAL OR STATE TAX PURPOSES.

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction (5 business days for AK residents, 15 business days for ND residents age 65 or older). However, USANA provides you with the right to cancel your distributorship at any time, and has a 30 day money-back guarantee on all initial product orders. For full details, see the USANA Terms & Policies and sales receipt.

SIGNATURE.....

By signing this Agreement, you give USANA consent to contact you by telephone, facsimile transmission, email, or text, concerning your independent USANA distributorship, your Associate Agreement, and any related USANA matter.

Applicant Signature	Date
Co-Applicant Signature	Date