

NeuroGenesis



Science for Mind and Body

**Independent Distributor Application and Agreement**

NOTE: If you wish to apply as a Corporation, Partnership, Sole Proprietorship, LLC, Trust or DBA, you must submit a "Business Entity Disclosure Form" with this Application.

NeuroGenesis, Inc. 120 Park Avenue League City, TX 77573  
 Telephone: 281-557-7877 Fax: 281-332-4753

**PERSONAL INFORMATION**

**PLEASE PRINT CLEARLY**

Last Name	First Name	Middle Initial
Company Name	Social Security Number	Fed. Tax ID (If applicable)
Joint Applicant's Full Name	Joint Applicant's Phone	Joint Applicant's Social Security #
Mailing Address	City	State Zip
Shipping Address or Same As Above	City	State Zip
Phone	Fax	E-mail
Enroller's Name	Enroller's ID #	

I want to become an independent distributor for NeuroGenesis – A non-refundable sign up fee of \$29.95 plus S & H includes a Distributor Notebook with product and marketing information and a self-replicating basic web system.

User name is your ID# Choose a Password \_\_\_\_\_

**PERSONAL WEB SITE DISCLOSURE**

If you are planning to advertise NeuroGenesis products on a personal web site(s), a complete list of URLs must be disclosed to NeuroGenesis for FDA/FTC compliance monitoring. Please list all URLs below. *Keep NeuroGenesis updated with any additions or changes!*

**AGREEMENT**

I UNDERSTAND THAT I MAY CANCEL THIS AGREEMENT AT ANY TIME BY GIVING THE COMPANY WRITTEN NOTICE. By signing this Application and Agreement, I acknowledge that:

- I have read, understand and voluntarily agree to all the terms and conditions contained herein and in the NeuroGenesis Policies and Procedure Manual, which is part of this Agreement.
- The information contained herein is correct and true.
- I am of the age of majority in the state in which I reside.
- This Application and Agreement will not be effective until approved by NeuroGenesis, Inc.

Unless terminated earlier by NeuroGenesis, Inc., this authority shall remain in full force and effect until I, the undersigned below, notify NeuroGenesis and comply with the cancellation as described in NeuroGenesis Policies & Procedures, which are an integral part of this agreement. *To insure timely delivery of products, support material and commission checks, it is imperative that you keep NeuroGenesis informed of any change of personal or business information.*

**MUST INITIAL THE BACK OF THIS AGREEMENT**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN IN THE ENCLOSED ENVELOPE**