



SOULPURPOSE
body beauty style spirit

REF. NO.	
CON. NO.	
PAYMENT	
OFFICE USE ONLY	

Fax to: 866.479.6354

entrepreneur application & agreement

WE WELCOME YOU AS A MEMBER OF THE SOUL PURPOSE TEAM. FOR PROMPT PROCESSING, PLEASE PRINT CLEARLY.

APPLICANT INFORMATION

<input type="text"/> Social Security Number <input type="text"/> Applicant Name (Last, First, M.I.) <input type="text"/> Spouse or Co-Applicant <input type="text"/> Mailing Address Apt/Suite# <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Daytime Phone Number <input type="text"/> Evening Phone Number	<input type="text"/> Business Tax ID <input type="text"/> Legal Business Name (Optional) <input type="text"/> Spouse or Co-Applicant's Social Security Number <input type="text"/> Permanent Shipping Address Apt/Suite# <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> FAX Number <input type="text"/> Email Address
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SPONSOR/ENROLLER INFORMATION

<input type="text"/> Sponsor ID Number YNGSP201585 <input type="text"/> Sponsor Name Tamikia Alford	<input type="text"/> Enroller ID (if different from Sponsor) <input type="text"/> Enroller Name (if different from Sponsor)
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MUST BE COMPLETED

Calculate the Total of your Enrollment

Enrollment \$ **10.00**

Sales Tax \$ _____ (add local sales tax)

Shipping \$ -----

Total \$ _____

PAYMENT TERMS

Check / Money Order Credit Card Number

Visa Exp Date Security Code

MasterCard Name as it Appears on Card—Please Print

American Express Authorized Signature

Check here to authorize automatic annual renewal of consultantship.

I commit to uphold the spirit of intent and values contained herein. I have read, understood, and agree to abide by the Terms and Conditions of this Agreement, and the Policies and Procedures of Soul Purpose (attached by reference).

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

DATE

White Copy to Soul Purpose

Yellow Copy to Sponsor

Pink Copy to Applicant

Form 100 06/02/08

THIS APPLICATION & AGREEMENT ("Agreement") once accepted by the Company (as defined below), represents the complete agreement and understanding between Soul Purpose Lifestyle Company, Inc. (the "Company") and the signatory to this Agreement. The current version of the Company's Code of Ethics (policies & procedures) is hereby incorporated by reference.

IN ACCORDANCE WITH THE TERMS AND CONDITIONS CONTAINED HEREIN, I (WE) HEREBY SUBMIT THIS APPLICATION TO BECOME A LIFESTYLE ENTREPRENEUR WITH THE COMPANY AND HEREBY AGREE, ACKNOWLEDGE AND/OR CERTIFY AS FOLLOWS:

A. I am 18 years of age or older, and have provided a valid tax payer identification number (belonging to me) on my enrollment application. I represent that I have not been subject to disciplinary action by any direct selling organization. If I have been subject to disciplinary action by any direct selling organization, I certify that I have provided the Company with notice of such disciplinary action.

B. I understand that as a Lifestyle Entrepreneur with the Company, I am expected to host and/or facilitate home parties, and to sell the Company's products directly to end consumers. I agree to uphold the principles of the Direct Selling Association Code of Ethics ("Code of Ethics") when interacting with end consumers. In addition, I will provide personal service to all end users of the Company's products, and will at all times conduct myself and manage my business in a professional manner.

C. I understand that the cornerstone of the Company's business is network marketing and I therefore acknowledge and agree not to sell or facilitate the sale of the Company's products in any retail environment. I further agree not to repackage or re-label the Company products in any way.

D. I agree I will not make any claims regarding the Company products or business opportunity other than those specifically stated in current Company approved literature. I agree to represent the Company Compensation Plan ("Compensation Plan") fairly and accurately, and in accordance with current Company guidelines. I will not make any representations regarding the actual, potential or expected earnings of any Company Lifestyle Entrepreneur. As an independent contractor, I understand that I am not guaranteed any income, or assured any level of profit or success. I further certify that no person or entity has made any claims of guaranteed earnings or success that may result from my entrepreneurial activities affiliated with the Company. I understand that commissions, bonuses, overrides and/or other incentives, if applicable, may be generated by the sale of Company products, and the development of a bonafide sales organization. I further understand that my receipt of any such commissions, bonuses, overrides, and/or incentives may be contingent upon my effective management and support of any Lifestyle Entrepreneur(s) that I may sponsor into the Company business opportunity.

E. When state law requires, and as a service to my business, I understand and agree that the Company will calculate, collect and report applicable sales tax amounts based on the suggested retail sales value and the address to which the products are shipped.

F. I understand and agree that the Company retains the right to modify, revise, and/or discontinue any Company product, compensation plan, marketing material, at any time with or without notice. I hereby agree to follow the Company's instructions in connection with the continued use of any such product, compensation plan or marketing material. This Agreement may not be modified, altered or otherwise changed by any person or entity other than the Company.

G. I understand that the Company, in its sole discretion will determine which of its products are eligible for commissions, bonuses and or level overrides, and at what level. I understand that I will only be compensated for completed sales. In the event a sale is reversed by virtue of a product return or otherwise, I understand that my compensation will be adjusted accordingly, and that I may be required to reimburse the Company for commissions, bonuses, and/or level overrides paid on a voided sale.

H. I understand that I am an independent contractor, not an agent, employee, joint venturer, or franchisee of the Company. I understand that I have no power or authority to incur any debt, obligations, or liability, or make any promise or contract on behalf of the Company. I understand and agree that I will not be treated as an employee for any purpose, including federal, state, or local tax purposes. I understand that I am responsible for paying my own income and self-employment taxes. As an independent contractor, I understand and agree that I am solely responsible for all my actions in the conduct of my business.

I. I understand that the Company may terminate this Agreement at any time in accordance with its policies and procedures then in effect. I further understand that I may terminate this Agreement at any time in accordance with the policies and procedures of the Company, then in effect. The Company shall at all times operate its business in accordance with the Code of Ethics.

J. To the extent permitted by law, the Company shall not be liable for, and I hereby release such from and waive any claim for, loss or profit, incidental, special, consequential or exemplary damages which may arise out of or relate to any act or omission with respect to other matters related thereto whether in contract, tort, equity or strict liability. I further agree that the Company's liability shall be limited to the value of unsold or resellable products purchased from the Company, as the case may be. I also agree that this provision shall survive the termination of the Agreement.

K. I agree not to directly or indirectly disclose or use any of the confidential or proprietary information of the Company except to specifically promote my business in accordance with the Agreement.

L. I agree to indemnify and hold the Company (its officers, directors, employees, and agents) harmless against any claims, liability, obligations, expenses, (including attorneys fees) or damages arising out of any representations made or authorized by me in connection with any of my activities relating to my business. I also agree that this provision shall survive the expiration or termination of the Agreement.

M. The laws of the State of New Hampshire govern this Agreement.

N. This Agreement is effective as of the day it is accepted by the Company. Unless otherwise terminated by either party, this agreement shall automatically renew on the anniversary date of its acceptance. I further understand that there is a nominal fee for automatic renewal and authorize the Company to charge such fee to my card on file.

I hereby agree to the terms and conditions of this Agreement.

Name:

Email address: