



Preferred Customer Representative - Application & Agreement

1753 Stites Road Grangeville, ID 83530

Phone (800) 547-2294 & (208) 926-4273

Fax (800) 574-1897 & (208) 926-4165

Please type or print in each box clearly!

| OFFICE USE ONLY | |
|-----------------|--|
| Date Rec'd | |
| Cust.ID | |
| Order ID | |

CONTACT INFORMATION

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|----------|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
| ↑ COMPANY NAME ↑ | | | | | | | | | | ↑ EMPLOYER ID NUMBER (EIN) ^R ↑ | | | | | | | | | |
| ↑ PERSONAL NAME (First, MI & Last Name) ^R ↑ | | | | | | | | | | ↑ SOCIAL SECURITY NUMBER (SSN) ^R ↑ | | | | | | | | | |
| ↑ BILLING STREET ADDRESS ^R ↑ | | | | | | | | | | ↑ PRIMARY PHONE NUMBER ^R ↑ | | | | | | | | | |
| ↑ BILLING CITY ↑ | | | | | B. STATE | | | | | ↑ B. ZIP CODE ↑ | | | | | ↑ ALTERNATE PHONE NUMBER ↑ | | | | |
| ↑ SHIPPING STREET ADDRESS (If a P.O. Box for the Billing Address) ↑ | | | | | | | | | | ↑ FAX NUMBER ↑ | | | | | | | | | |
| ↑ SHIPPING CITY ↑ | | | | | S. STATE | | | | | ↑ S. ZIP CODE ↑ | | | | | Legend ^R Required to receive a commission. | | | | |

AGREEMENT TO TERMS AND CONDITIONS

Please register me as a WaterOz Preferred Customer Representative. I have carefully read and agree to comply with the WaterOz Rules & Regulations. I agree that as an Preferred Customer Representative, I am an independent business and not an employee, agent, partner, legal representative, or franchisee of WaterOz. I understand that I shall not be treated as an employee of WaterOz for federal or state tax purposes. The WaterOz Rules & Regulations may be amended from time to time, and I agree that such amendments will apply to me when notification of any amendments are published in official WaterOz materials. The benefit of continuation of my WaterOz independent business or my acceptance of commissions or other benefits shall constitute my acceptance of any and all amendments. I understand that I have the right to terminate this Agreement at any time, with or without reason. I understand that such termination must be in writing. I understand that WaterOz may terminate this Agreement at any time, with cause, upon 30 days written notification to me, and any residual payment shall be made pursuant to the WaterOz Rules & Regulations. Termination without cause shall be made upon 60 days written notice to me. I understand that in order to receive my commissions, a complete billing address, a EIN or SSN, and a primary phone number must be given.

| | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|
| ↑ YOUR SIGNATURE ↑ | | | | | | | | | | ↑ DATE SIGNED ↑ | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|

LOGIN INFORMATION FOR ONLINE SHOPPING & REPRESENTATIVE CENTER ACCESS

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|
| ↑ YOUR EMAIL ADDRESS for LOGIN (Login ID) ↑ | | | | | | | | | | ↑ YOUR PASSWORD for LOGIN ↑ | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|

SPONSOR INFORMATION

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|
| ↑ SPONSOR'S PERSONAL NAME (First, MI & Last Name) ↑ | | | | | | | | | | ↑ SPONSOR'S CUSTOMER ID ↑ | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|

PAYMENT INFORMATION

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|--|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|
| CHECK ONE: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | | | | | | | | | Membership Fee \$50.00 | | | | | | | | | |
| ↑ CARD, CHECK, or MONEY ORDER NUMBER ↑ | | | | | | | | | | ↑ CARD EXP. DATE ↑ | | | | | | | | | |
| ↑ CARD HOLDER NAME ↑ | | | | | | | | | | Grand Total | | | | | | | | | |
| ↑ CARD HOLDER'S SIGNATURE ↑ | | | | | | | | | | ↑ DATE SIGNED ↑ | | | | | | | | | |