1-800-429-4290
5742 W Harold Gatty Dr.
Salt Lake City, UT 84116

LIMITLESS WORLDWIDE™

Distributor ID#

Internal use only

INDEPENDENT DISTRIBUTOR APPLICATION AND AGREEMENT - USA

Submit to Sponsor for Online Enrollment

STEP 1 – NEW ACCOUNT INFORMATION

all asterisk (*) fields are REQUIRED

*Applicant Name _____

*Applicant Social Security Number _____
(Primary applicant Social Security Number)

Complete if corporation, partnership or other legal entity

Name of Business Entity _____

Primary Participant _____

Federal Tax ID Number _____

*Daytime Phone _____ *Evening Phone _____

*Mailing Address _____ *City/State _____ *ZIP code _____

*Shipping Address _____ *City/State _____ *ZIP code _____

*Email Address _____ *Date of Birth _____ / _____ / _____

*Sponsor's Name _____ *Sponsor's ID Number _____ Phone No. _____

I wish to become a distributor for Limitless Worldwide,™ LLC (Limitless) and participate in the business opportunity and use the products. I understand that Limitless Worldwide must have my Social Security Number and that I need to sign up for my paycard in my virtual office to be paid commissions. I understand that the only financial requirement to become an Independent Distributor is a $49.00 application fee which has no commissionable volume. Payment of this fee includes a Distributor Business Kit (first year only), access to the (Limitless) virtual office, a distributor replicated website and certain print and marketing materials for 1 year. In addition, a yearly renewal fee of $25.00 is required to continue as a Limitless Distributor. I authorize Limitless Worldwide to charge the $49.00 application fee and the $25.00 renewal fee to my credit card as it becomes due. I understand that the renewal is applicable 12 months from sign up.

required information

STEP 2 – SELECT YOUR ENROLLMENT LIMITLESS KIT(S)

☒ **Limitless Distributor Business Kit $49** (Required)
Applicants must purchase a Limitless Distributor Business Kit (optional in ND). It contains essential sales and marketing material and literature to help you build your business.

Business Kit .... $ 49.00 Shipping .... $ _____

Sales Tax .... $ _____ **TOTAL** .... $ _____

☐ **Find Your Limitless Paks: 3 for $500** (Optional)
Purchase 3 of any 1 Find Your Limitless for $500 and receive a FREE SkinnyStix Variety Pak. Enrollment orders of a minimum of 350 PV receive FREE ground shipping, 500+ PV receives FREE 2-day shipping, and enrollment orders over 750PV receive FREE 2-day shipping PLUS 50 LDR Points.

☐ Shape Pak, $182 (Weight Loss)..... QTY_____ ☐ Rock Pak, $167 (Performance) ..... QTY_____
☐ Reveal Pak, $173 (Skin Care) ..... QTY_____ ☐ Fuel Pak, $175 (Wellness) ..... QTY_____

TOTAL $_____

STEP 3 – SELECT LIMITLESS DELIVERY REWARDS (LDR AUTOSHIP PROGRAM)

Code	Item	Price	CV	Total

In order to enjoy all the benefits that LDR offers, please ensure your order is 75 PV or greater.

☐ Please ship my order: Beginning on _____ / _____ (select a date between the 1st and 25th) and every month thereafter on the same day (allow 10 business days for delivery).

Total	
Shipping	
Local Sales Tax†	
TOTAL REMITTANCE	

STEP 4 – CREDIT CARD INFORMATION

☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express

*Credit Card Number _____ *Exp. Date (mm/yyyy) _____ / _____ *CVV Number _____

*Card Holder Name (please print) _____ Billing Address Same As Above _____

*Billing Address _____ *City/State _____ *ZIP code _____

With my signature I give permission to Limitless Worldwide, LLC to process the Application with my membership fee, my order and to process the autoship order selections as indicated with the above payment information. I understand and agree that I will be charged shipping fees. These fees will depend on my shipping address and will be calculated at the time of order processing. I have carefully read the terms and conditions on the back of this application and agreement, the Limitless Policies and Procedures, and the Limitless Compensation Plan, and agree to abide by all terms set forth in these documents.

Applicant's Signature of Agreement and Authorization _____

Co-Applicant's Signature _____

Date (MM/DD/YYYY) _____