



NEW
BEGINNINGS
UNLIMITED
POSSIBILITIES

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Colombia Associate Application

NEW ASSOCIATE INFORMATION

Enroller Name (ID# if applicable): _____

Name: _____

National ID#: _____

Street Address: _____

Street Address 2: _____ Locality/City: _____

Phone: _____ Fax: _____ E-mail: _____

Choose your Password (6 Digits): _____

ASSOCIATE KIT

NuVerus Associate Kit - \$49.95

NuVerus Associate Kit Includes: Immediate placement in the Global Genealogy of NuVerus. Marketing Materials, CDs, Forms, and Applications available for pickup at local NuVerus Office. 1 year subscription to a personalized NuVerus web site and virtual online office. I understand that the yearly renewal fee for my website and virtual office will be \$29.95 starting 1 year from the date of the processing of this application. I understand that the \$49.95 Associate Fee is Non-Refundable

MONTHLY ORDER OF EUFORIA

Yes! Enroll me in the Monthly Order Assurance Program (OAP)

(1) 32 oz bottles of **euforia** + (4) 2 oz bottles of **euforia** (Price to be determined at launch)

After the Official Launch in 2011, I understand that I will need a monthly order of at least 1 NuVerus product to be an active Associate each month. Therefore, starting the month after the official launch, I agree to a monthly order as chosen above. I also understand that I can change my OAP order by going to the 'Monthly OAP Order' section of my online office or by contacting Customer Service. I understand that in the event my OAP order is processed, NuVerus will use the payment method listed below. I understand NuVerus will ship my OAP order to the shipping address listed below. I understand that I can cancel my OAP order at anytime in writing, by faxing or mailing a request to NuVerus at least 5 business days prior to my OAP anniversary date, which will be the same monthly day as the date of today's application.

PAYMENT INFORMATION

Credit/Debit Card: (Visa, MasterCard, American Express accepted)

Visa

Master Card

Amex

Card Number:

Exp. Date: -

Security Code:

Name as it appears on the card: _____

SHIPPING INFORMATION

Same as Main address above

Street Address: _____

Street Address 2: _____ Locality/City: _____

NUVERUS ASSOCIATE APPLICATION TERMS AND CONDITIONS

[] I authorize NuVerus to process this New Associate Application and NuVerus Associate Kit. I also authorize NuVerus to process the appropriate monthly OAP order (If selected above) to begin the month after the launch of NuVerus. I authorize NuVerus to use the payment method as chosen above. By signing below, I apply to become a NuVerus Associate. I certify that I am of adult legal age in Colombia. I have carefully read the Associate Terms and Conditions listed at www.NuVerus.com and agree to abide by them. I have reviewed and I understand the NuVerus Compensation Plan as posted at www.NuVerus.com. I have reviewed and understand the Associate Policies and Procedures as posted at www.NuVerus.com. **I understand that I have the right to terminate my Associate Business at any time, with or without reason. I agree that such termination must be in writing by fax or mail to NuVerus.**

Signature: _____ Date: _____