

**Applicant Information**

PLEASE PRINT CLEARLY USING CAPITAL LETTERS

Name (last, first, initial)	SSN	Date of Birth
Mailing Address	City, State & Zip Code	
Email	Phone	Alternate Phone
Shipping Address (If different from above):		
Street Address	City, State & Zip Code	

**Co-Applicant Information**

Name (last, first, initial)	SSN	Date of Birth
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**Sponsor Information**

Name (last, first, initial) <b>Planet Green, LLC ~ Sonya Eckel, President</b>	Sponsor's Norwex Consultant number <b>1120059</b>
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**Business Entity Information (if applicable)**

Complete the following if you desire to conduct your business as a corporation, partnership or other legal entity or under an assumed name. A Business Entity Registration Form must also be submitted with this agreement.

Name of Business Entity	Federal Tax ID Number
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**Office Suite Subscription**

All new Norwex Independent Consultants receive a free 60-day trial of the Office Suite program. Please check the box below if you want to take advantage of this great tool to help get your Norwex business off to a successful start.

- I choose to be enrolled in the Office Suite program and authorize Norwex to automatically charge my credit card \$9.99 plus tax (where applicable) monthly when the trial period ends (see terms and conditions). My Office Suite will include:
- My own personal website where my customers can shop for Norwex products and join as Norwex Consultants
  - Unlimited monthly newsletters to my customers
  - The Hostess Portal, which includes electronic invitations for party guests
- No, I do not wish to enroll in Office Suite at this time.

**Applicant Signature**

I certify that I am 18 years of age or older. I have carefully read the terms and conditions of this Agreement, the Norwex Policies and Procedures and Compensation Plan and agree to abide by all terms set forth in these documents. I certify that the information I have provided on this application is correct and acknowledge that failure to provide accurate information may result in the termination of my Independent Consultant Agreement.

Applicant's Signature	Date
Co-Applicant's Signature (if applicable)	Date

**Starter Kit Agreement**

- September – Free Yourself Starter Kit**  
Selecting this kit option with your enrollment provides a free Starter Kit with no sales requirement. I authorize Norwex to charge my credit card for the shipping and handling fee of \$7.99 for delivery of my September Free Yourself Starter Kit.



- Standard Starter Kit**  
This kit is provided at no charge to a new Independent Consultant who generates sales of \$2000 retail or more during the first 90 days from the date of enrollment. Otherwise, a new Independent Consultant who fails to satisfy this criteria will be billed \$200 plus tax for the Starter Kit. I authorize Norwex to charge my credit card for the Starter Kit if I do not meet the minimum \$2000 sales requirement in my first 90 days.



**Optional - Choose One Starter Kit Upgrade Package:**  
(Limit 1 Upgrade Package per Consultant).

- Upgrade 1 (\$174.78)  Upgrade 2 (\$266.71)  Upgrade 3 (\$490.85)

I authorize Norwex to charge my credit card for any selected Upgrade Package with additional \$7.99 shipping and handling. Please initial here: \_\_\_\_\_

Credit Card No.	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Exp. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cardholder Name – as displayed on card	Cardholder Signature
Card Billing Address	