嘉康利申請書 SHAKLEE® APPLICATION

請用英文填寫此表，書寫工整並於簽名處親筆簽名
PLEASE PRINT CLEARLY. ALL SIGNATURES IN ICK.

嘉康利公司專用 **FOR OFFICE USE ONLY**

☐ 如果您以電話進行申請，請在此欄打“V”記號
Check here if you have applied by phone.

嘉康利會員編號 **SHAKLEE ID# YOU RECEIVED**

☐ 如有配偶資訊，請在此欄打“V”記號
Check here if adding spouse information

聯繫資訊 HOW TO REACH ME

姓 YOUR NAME *(Last)* | 名 *(First)* | 中間縮寫 *(M.I.)*

配偶 姓 YOUR SPOUSE'S NAME IF APPLICABLE *(Last)* | 名 *(First)* | 中間縮寫 *(M.I.)*

住址（請注明樓層或公寓號碼）YOUR STREET ADDRESS *(Include apartment number, if applicable)*

城市／鎮 YOUR CITY / TOWN | 郡 COUNTY | 州 STATE | 郵遞區號 ZIP CODE

直銷商必須填寫社會安全號碼或個人納稅識別號碼 S S N or ITIN； 會員可以只填寫駕照號碼或州身份證編號
SSN OR ITIN *(required for Distributorship)* ***OR*** DRIVER'S LIC.# OR STATE ID CARD# *(may be used for Membership only)*

電話號碼（請填上區碼）YOUR PHONE NUMBER *(with Area Code)*

配偶社會安全號碼或個人納稅識別號碼、駕照號碼或州身份證編號
SPOUSE'S SSN, ITIN, DRIVER'S LIC.#, ***OR*** STATE ID CARD#

您的母語 **Language Preference:**
○ 英語 English ○ 西班牙語 Spanish ○ 中文 Chinese

電子郵件（直銷商必須填寫電子郵件信箱以獲得嘉康利事業相關資訊及工具）
E-MAIL ADDRESS *(for free access to MyShaklee.com)*

推薦人資料 ABOUT MY SPONSOR

推薦人會員編號 ID# OF ORIGINAL SPONSOR SIGNING ME UP
（推薦人必須有社會安全號碼或個人納稅識別號碼登記於本公司）
(Sponsor must have SSN or ITIN on file with Shaklee)

電話號碼（請填上區碼） PHONE NUMBER *(with Area Code)*

可選：
OPTIONAL :
我被安排在新推薦人之下
NEW SPONSOR I'M TO BE PLACED UNDER

推薦人簽字（請用墨水筆）SPONSOR'S SIGNATURE *(IN INK)*
推薦人已提供新直銷商嘉康利會員權益與責任聲明
(Sponsor has provided the new Distributor with a copy of the P&R)

推薦人姓名（姓，名，中間縮寫）
SPONSOR'S NAME *(Last, First, M.I.)*

新推薦人的會員號碼
NEW SPONSOR'S ID#

開始訂購 HOW I'M GETTING STARTED

	產品編號 ITEM CODE	數量 QTY.	價格 PRICE
☐ 是的，我要訂購金牌大使套裝（包括新直銷商套裝）（直銷商需要提供社會安全號碼或個人納稅識別號碼） YES! I want the GOLD Ambassador Mission PAK (includes New Distributor Kit) *(for Distributors – requires SSN or ITIN)*			
☐ 金牌高檔選擇 Gold Premiere Collection 59132 ☐ 營養護膚保養精選（中性至乾性皮膚） Nutrition Therapy Skin Care™ Collection (Normal to Dry) 59253			
☐ 纖奇減重計畫精選 Cinch™ Inch Loss Plan Collection 59131 ☐ 營養護膚保養精選（中性至油性皮膚） Nutrition Therapy Skin Care™ Collection (Normal to Oily) 59252			
☐ 金牌大使入門介紹精選 Kosher Gold Premiere Collection 59130 ☐ 健康之家潔特靈清潔用品精選 Healthy You, Healthy Home™ Collection 59133			299.00
☐ 是的，我要訂購新直銷商資料套裝 YES! I want the New Distributor Welcome Kit（直銷商需要提供社會安全號碼或個人納稅識別號碼）*(for Distributors – requires SSN or ITIN)* ○ 郵寄給推薦人 Ship Kit to Sponsor	75480		39.95
☐ 是的，我要訂購新會員套裝 YES! I want the New Member Pack	75297		19.95
☐ 申請訂閱會員通訊 Sign up for a Hotline Subscription（從獎金中扣除）*(with Bonus Check deduction)*			4.00 / month
☐ 申請個人網站服務 Sign up for a Personal Web Site（訂購金牌大使套裝可享受三個月免費服務）*(Three months FREE! with GOLD Ambassador Mission PAK)*	n/a		14.95 / month
☐ 更多產品請諮詢您的推薦人 Ask your Sponsor about other products			

下個月開始 STARTING NEXT MONTH

☐ 我願意加入自動訂貨服務享受10%的產品優惠 Sign me up on AutoShip so I can save 10%*

☐ Vitalizer™ 20246 ☐ Vitalizer™ + Iron 20247 ☐ Vitalizer™ Gold 20248			
☐ Vitalizer™ Wellness Pack with Energizing Soy Protein Vanilla and NutriFeron®	81929		
☐ Vitalizer™ Wellness Pack with Cinch Vanilla and NutriFeron®	81926		

您的訂單將在每月定期寄出，日期以第一張訂單為準
*Your orders will ship monthly, based on the date of your first shipment. *(See reverse side for additional information).*

總計金額 SUBTOTAL : $

付款方式

您可使用信用卡或銀行支票付款。如果您選擇加入自動訂貨服務，您必須以信用卡支付每月帳單。本公司將於每月訂單送出之後，從您的信用卡帳戶上扣取款項。如果您以銀行現金支票支付，請撥打“1.800.SHAKLEE”電話號碼來完成全部支付過程包括郵寄和稅款部分。抱歉，我們不接受個人支票。

CHOOSE YOUR METHOD OF PAYMENT

You may pay by credit card or cashier's check. If enrolling in AutoShip, you must pay by credit card to authorize monthly charges. Your credit card will be charged when Shaklee processes your order. If submitting a cashier's check, please call 1.800.SHAKLEE for complete order charges, including shipping & handling and tax. Sorry, Personal checks are not accepted.

☐ 若您隨函附上銀行現金支票或匯票，請在此打上“V”記號
Check here if cashier's check or money order is enclosed.

付款方式 **CHARGE TO MY** ：○ MASTERCARD® ○ VISA® ○ AMEX® ○ DISCOVER®

卡號 CARD NUMBER （過期日期：月／年）*(Exp. Date – MM/YY)*

持卡人姓名 NAME AS IT APPEARS ON THE CARD

持卡人簽字（請用墨水筆） SIGNATURE OF CARD HOLDER *(IN INK)*

會員直銷商申請費用
Membership/
Distributor Fee: $

郵寄、手續及税金費：
SUBTOTAL:

Applicable S&H and tax will be calculated and added to your order.

總計
TOTAL:

(以上總和) *(Enter from above)*

我／我們同意遵守嘉康利會員權益與責任聲明中的規定，並瞭解聲明的內容和其他嘉康利發佈的內容將會不定期修訂，嘉康利會員權益與責任聲明可以在 www.shaklee.com 網站上找到。

I/We agree to abide by the terms set forth in the P&R, as amended from time to time,and other Shaklee publications, including any subsequent changes thereto.The P&R can be found at MyShaklee.com.

我／我們已詳細閱讀了以上條款，同意遵守以上所述規定，並保證以上所提供的資料內容屬實正確。

I /We have read and agree to all terms and conditions stated on the reverse side and certify that all the information provided is correct.

申請人簽字（請用墨水筆） APPLICANT'S SIGNATURE *(IN INK)* 日期DATE

配偶簽字（如果同時加入）（請用墨水筆） SPOUSE'S SIGNATURE (IF JOINING) *(IN INK)* 日期DATE

Shaklee®

Mail: Shaklee Corporation, Attn:Field Support, P.O. Box 8040, Pleasanton, CA94588. **Fax:** 1.925.924.3888

WHITE: Shaklee YELLOW: Applicant PINK: Sponsor

成為會員 MEMBERSHIP

會員要求
Membership Requirements

您必須年滿十八歲並為美國境內合法居民，請提交您本人的社會安全密碼（ＳＳＮ）、個人納稅識別號碼（ＩＴＩＮ）、駕駛執照號碼、或州身份證號碼中的一項以茲證明。若以您的個人納稅識別號碼加入，請附上您的國稅局表格９８４４（INS Form 9844）。您可以選擇以個人或與您配偶一起加入成為會員，但嘉康利會員的配偶不可獨立成為會員。您並不需要另外購買產品或進行額外投資而成為會員。若您的個人資料如地址、電子郵件信箱或電話號碼有所變更，請立即通知本公司。

You must be at least 18 years of age and reside in the United States or a U.S. territory. You may provide Shaklee with either your Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), Driver's License Number, or State Identification Card Number issued in your own name. To join Shaklee with an ITIN, you must attach a copy of your IRS Form CP-565 (Assignment of Individual Taxpayer Identification Number). Members may sign up individually or jointly with their spouse. Spouses may not have separate Memberships. No additional purchase is necessary, and you are not required to make any financial investment to become a Member. Please notify Shaklee of any change in street or e-mail address or telephone number.

會員號碼
ID Number

嘉康利將提供給您一個專屬的會員號碼，以便您今後與本公司進行聯絡或推薦新會員使用。

You will be issued a unique Shaklee ID number that should be used for all communications with Shaklee, including sponsorship.

會員優先權
Membership Privileges

成為嘉康利會員之後，您將享受低於零售價的價格從本公司或您的推薦人和團隊領導購買嘉康利的產品。

Acceptance of this application by Shaklee, allows you to purchase Shaklee products at prices below suggested retail directly from Shaklee or from your Sponsor or Business Leader. Members may sponsor other Members, but are not eligible to receive bonuses or other compensation.

嘉康利會員權益與責任聲明
The Statement of Privileges and Responsibilities of Shaklee Family Members (P&R)

嘉康利會員權益與責任聲明中的規定將會不定期修訂，該聲明是會員與嘉康利合作關係的正式文件。

The P&R, as amended from time to time, is the official document governing the relationship between Shaklee Family Members and Shaklee Corporation.

申請成為直銷商資格 DISTRIBUTORSHIP

直銷商可以推薦其他人加入嘉康利並得到獎金
Distributors May Sponsor Others and Earn Bonuses

您必須年滿十八歲並為美國境內合法居民，請提交您本人的社會安全密碼（ＳＳＮ）、個人納稅識別號碼（ＩＴＩＮ）、駕駛執照號碼、或州身份證號碼中的一項以茲證明。您的申請一旦被接受您就可以購買和銷售嘉康利的產品並得到獎金回報。同時您還可以推薦其他人加入嘉康利並按照嘉康利會員權益與責任聲明中的規定成為他們發展的下線的推薦人。

You must be at least 18 years of age and reside in the United States or a U.S. territory. You must provide Shaklee with a valid Social Security Number (SSN) or Individual Tax Payer Identification Number (ITIN) issued in your own name. Acceptance of this application by Shaklee allows you to purchase and sell Shaklee products and to earn bonuses. In addition, you may sponsor others and have sponsorship rights with respect to their downlines, as described in the P & R.

產品銷售
Distributing Products

嘉康利公司致力於改善其會員的健康與福祉，嘉康利直銷商不得直接或間接向零售商或競標網站銷售產品。嘉康利成員不得向個人團隊以外的會員及直銷商銷售產品。

Because Shaklee is committed to the health and well-being of our Distributors , Shaklee Distributors may not distribute Shaklee products directly or indirectly to or from retail stores or Internet auction sites. Nor may they distribute products to Members or Distributors outside their Personal Group.

建立個人嘉康利事業
You Can Build a Business

本公司已建立並印製一套完整的獎賞計畫，有關建立嘉康利事業的益處及資格，請向您的推薦人與事業領導諮詢有關資訊。

Shaklee publishes an authorized Compensation Plan, which outlines the benefits and requirements of a Shaklee business. Information on how to build a Shaklee business is available from your Sponsor and/or Business Leader.

獨立合約人
Independent Contractor Status

嘉康利直銷商本身為獨立合約人，非嘉康利公司員工及代表。獨立合約人因不是嘉康利的員工，所以所得獎金將不會由嘉康利扣除所得稅、聯邦社會安全和醫療保險稅、不受其他受雇員工相關的法律約束。

Shaklee Independent Distributors are INDEPENDENT CONTRACTORS. Independent Distributors are not employees of Shaklee, or of any Shaklee Independent Distributorships and may not so represent. The Distributor will not be treated as an employee for federal or state tax purposes. Nor will the Distributor be treated as an employee for purposes of the Federal Insurance Contributions Act or any other laws covering employees.

未經授權之聲明
Unauthorized Claims

嘉康利公司直銷商不得擅自對嘉康利產品及獎金制度作出任何與嘉康利的正式印刷品及相關產品標示物不符的聲明。嘉康利會員的會員權益與責任聲明（P & R）將不定期修改並隨此協議一起，生效請您與您的推薦人和事業領導一起仔細閱讀。如直銷商違反會員權益與責任聲明的規定，其直銷商資格將被取消。

Shaklee Distributors may not make claims about Shaklee products, or the Shaklee Compensation Plan, that are contrary to literature and labels published by Shaklee. The P & R, as amended from time to time, is incorporated in this Agreement. Please review it carefully with your Sponsor or Business Leader. Because it sets the foundation for how we do business, if a Shaklee Distributor does not to follow the P & R, they may be subject to remedies for breach of contract, including termination of their Distributorship.

每年續約會員資格
Annual Renewal/Governing Law

您的會員資格必須每年續約。本協定經嘉康利簽署之後，立即生效，並受加州法律約束。喬治亞州居民若需嘉康利公司相關資料，請參閱喬治亞州消費者事務廳的檔案資料。

Shaklee Members and Distributors have the opportunity to renew annually. This Agreement is effective upon acceptance by Shaklee, and is governed by the laws of the state of California. Georgia residents: Further information regarding Shaklee is on file with the state's Department of Consumer Affairs.

*自動訂貨服務有關規定 AUTOSHIP TERMS

請注意：自動訂貨服務除節假日之外每星期一至星期五開通，改變或取消訂貨可以通過MyShaklee.com網站或撥打電話1.800.SHAKLEE 進行。

Note: AutoShip orders ship Monday through Friday, excluding holidays. Changes and cancellations can be made at MyShaklee.com or by calling 1.800.SHAKLEE.

您已由您本人或以您的名義授權嘉康利公司寄送本訂單中列出的產品，及其今後補充和修改後的訂單所列產品。所訂貨物將根據您指定的時間間隔定期寄送給您，並以產品寄送時的商品價格對訂單所提供的信用卡帳戶進行扣款，請注意，所有商品價格及配方的更改不另行通知。您瞭解並同意這些商品將會根據您所指定的時間間隔定期寄送，您必須支付所訂貨品款項直至您取消或修改本訂單。嘉康利公司有權隨時取消本訂單。

You authorize Shaklee to ship the items indicated on this order and items on any supplemental orders or change/modification orders, which are incorporated herein by reference, or as otherwise requested by you or on your behalf, ON A RECURRING BASIS at the intervals indicated and to charge this credit card account the current price at the time of shipment. PRICES AND ITEM FORMULATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE. You understand that these ordered items will continue to be shipped at intervals indicated and that you are obligated to pay for them until you cancel or modify your order. Shaklee reserves the right to cancel this order at any time.

Shaklee®

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