嘉康利申请书 SHAKLEE® APPLICATION

请用英文填写此表，书写工整并于签名处亲笔签名
PLEASE PRINT CLEARLY. ALL SIGNATURES IN INK.

嘉康利公司专用 **FOR OFFICE USE ONLY**

☐ 如果您以电话进行申请，请在此栏打“V”记号
Check here if you have applied by phone.

嘉康利会员编号 **SHAKLEE ID# YOU RECEIVED**

☐ 如有配偶资讯,请在此栏打”V“记号”
Check here if adding spouse information

联系信息 HOW TO REACH ME

姓 YOUR NAME *(Last)* | 名 *(First)* | 中间缩写 *(M.I.)*

配偶 姓 YOUR SPOUSE'S NAME IF APPLICABLE *(Last)* | 名 *(First)* | 中间缩写 *(M.I.)*

住址（请注明楼层或公寓号码）YOUR STREET ADDRESS *(Include apartment number, if applicable)*

城市／镇 YOUR CITY / TOWN | 郡 COUNTY | 州 STATE | 邮政编码 ZIP CODE

直销商必须填写社会安全号码或个人纳税识别号码S S N or ITIN；会员可以只填写驾照号码或州身份证编号
SSN OR ITIN *(required for Distributorship)* ***OR*** DRIVER'S LIC.# OR STATE ID CARD# *(may be used for Membership only)*

电话号码（请填上区码）YOUR PHONE NUMBER *(with Area Code)*

配偶社会安全号码或个人纳税识别号码、驾照号码或州身份证编号
SPOUSE'S SSN, ITIN, DRIVER'S LIC.#, ***OR*** STATE ID CARD#

您的母语 **Language Preference:**
○ 英语 English ○ 西班牙语 Spanish ○ 中文 Chinese

电子邮件（直销商必须填写电子邮件信箱以获得嘉康利事业相关资讯及工具）
E-MAIL ADDRESS *(for free access to MyShaklee.com)*

推荐人资料 ABOUT MY SPONSOR

推荐人会员编号 ID# OF ORIGINAL SPONSOR SIGNING ME UP
（推荐人必须有社会安全号码或个人纳税识别号码登记于本公司）
(Sponsor must have SSN or ITIN on file with Shaklee)

电话号码（请填上区码）PHONE NUMBER *(with Area Code)*

可选：
OPTIONAL :

我被安排在新推荐人之下
NEW SPONSOR I'M TO BE PLACED UNDER

推荐人姓名（姓，名，中间缩写）
SPONSOR'S NAME *(Last, First, M.I.)*

推荐人签字（请用墨水笔）SPONSOR'S SIGNATURE *(IN INK)*
推荐人已提供新直销商嘉康利会员权益与责任声明
(Sponsor has provided the new Distributor with a copy of the P&R)

新推荐人的会员号码
NEW SPONSOR'S ID#

开始订购 HOW I'M GETTING STARTED

	产品编号 ITEM CODE	数量 QTY.	价格 PRICE
☐ 是的，我要订购金牌大使套装（包括新直销商套装）（直销商需要提供社会安全号码或个人纳税识别号码） YES! I want the GOLD Ambassador Mission PAK (includes New Distributor Kit) *(for Distributors – requires SSN or ITIN)*			
☐ 金牌高档选择 Gold Premiere Collection 59132 ☐ 营养护肤保养精选（中性至干性皮肤）Nutrition Therapy Skin Care™ Collection (Normal to Dry) 59253			
☐ 纤奇减重计划精选 Cinch™ Inch Loss Plan Collection 59131 ☐ 营养护肤保养精选（中性至油性皮肤）Nutrition Therapy Skin Care™ Collection (Normal to Oily) 59252			
☐ 金牌大使入门介绍精选 Kosher Gold Premiere Collection 59130 ☐ 健康之家洁特灵清洁用品精选 Healthy You, Healthy Home™ Collection 59133			299.00
☐ 是的，我要订购新直销商资料套装 YES! I want the New Distributor Welcome Kit（直销商需要提供社会安全号码或个人纳税识别号码）*(for Distributors – requires SSN or ITIN)* ○ 邮寄给推荐人 Ship Kit to Sponsor	75480		39.95
☐ 是的，我要订购新会员套装 YES! I want the New Member Pack	75297		19.95
☐ 申请订阅会员通讯 Sign up for a Hotline Subscription（从奖金中扣除）*(with Bonus Check deduction)*			4.00 / 月
☐ 申请个人网站服务 Sign up for a Personal Web Site（订购金牌大使套装可享受三个月免费服务）*(Three months FREE! with GOLD Ambassador Mission PAK)*	n/a		14.95 / 月
☐ 更多产品请咨询您的推荐人 Ask your Sponsor about other products			

下个月开始 STARTING NEXT MONTH

☐ 我愿意加入自动订货服务享受10%的产品优惠 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		

您的订单将在每月定期寄出，日期以第一张订单为准
*Your orders will ship monthly, based on the date of your first shipment. *(See reverse side for additional information).*

总计金额 SUBTOTAL : $

付款方式 CHOOSE YOUR METHOD OF PAYMENT

您可使用信用卡或银行支票付款。如果您选择加入自动订货服务，您必须以信用卡支付每月帐单。本公司将于每月订单送出之后，从您的信用卡帐户上扣取款项。如果您以银行现金支票支付，请拨打“1.800.SHAKLEE”电话号码来完成全部支付过程包括邮寄和税款部分。抱歉，我们不接受个人支票。

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.

☐ 若您随函附上银行现金支票或汇票，请在此打上“V”记号
Check here if cashier's check or money order is enclosed.

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

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

持卡人姓名 NAME AS IT APPEARS ON THE CARD

持卡人签字（请用墨水笔）SIGNATURE OF CARD HOLDER *(IN INK)*

会员直销商申请费用 Membership/ Distributor Fee: $

邮寄、手续及税金费 SUBTOTAL:

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

总计：TOTAL:

(以上总和) *(Enter from above)*

我／我们同意遵守嘉康利会员权益与责任声明中的规定，并了解声明的内容和其他嘉康利发布的内容将会不定期修订，嘉康利会员权益与责任声明可以在www.shaklee.com 网站上找到。

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／我们已详细阅读了以上条款，同意遵守以上所述规定，并保证以上所提供的资料内容属实正确。

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.

申请人签字（请用墨水笔）APPLICANT'S SIGNATURE *(IN INK)* 日期DATE

配偶签字（如果同时加入）（请用墨水笔）SPOUSE'S SIGNATURE (IF JOINING) *(IN INK)* 日期DATE

Shaklee®

邮寄地址/Mail: Shaklee Corporation,Attn:Field Support, P.O. Box 8040, Pleasanton, CA94588. **传真/Fax:**1.925.924.3888

WHITE: Shaklee YELLOW: Applicant PINK: Sponsor

成为会员 **MEMBERSHIP**

会员要求
Membership Requirements

您必须年满十八岁并为美国境内合法居民，请提交您本人的社会安全密码（ＳＳＮ）、个人纳税识别号码（ＩＴＩＮ）、驾驶执照号码、或州身份证号码中的一项以兹证明。若以您的个人纳税识别号码加入，请附上您的国税局表格９８４４（INS Form 9844）。您可以选择以个人或与您配偶一起加入成为会员，但嘉康利会员的配偶不可独立成为会员。您并不需要另外购买产品或进行额外投资而成为会员。若您的个人资料如地址、电子邮件信箱或电话号码有所变更，请及时通知本公司。

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.

会员号码
ID Number

嘉康利将提供给您一个独特的会员号码，以便您今后与本公司进行联络或推荐新会员使用。

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

会员优先权
Membership Privileges

成为嘉康利会员之后，您将享受低于零售价的价格从本公司或您的推荐人和团队领导购买嘉康利的产品。

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.

嘉康利会员权益与责任声明
The Statement of Privileges and Responsibilities of Shaklee Family Members (P&R)

嘉康利会员权益与责任声明中的规定将会不定期修订，该声明是会员与嘉康利合作关系的正式文件。

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

申请成为直销商资格 **DISTRIBUTORSHIP**

直销商可以推荐其他人加入嘉康利并得到奖金
Distributors May Sponsor Others and Earn Bonuses

您必须年满十八岁并为美国境内合法居民，请提交您本人的社会安全密码（ＳＳＮ）、个人纳税识别号码（ＩＴＩＮ）、驾驶执照号码、或州身份证号码中的一项以兹证明。您的申请一旦被接受您就可以购买和销售嘉康利的产品并得到奖金回报。同时您还可以推荐其他人加入嘉康利并按照嘉康利会员权益与责任声明中的规定成为他们发展的下线的推荐人。

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.

产品销售
Distributing Products

嘉康利公司致力于改善其会员的健康与福祉，嘉康利直销商不得直接或间接向零售商或竞标网站销售产品。嘉康利成员不得向个人团队以外的会员及直销商销售产品。

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.

建立个人嘉康利事业
You Can Build a Business

本公司已建立并印制一套完整的奖赏计划，详细说明有关建立嘉康利事业的益处及资格，请向您的推荐人与事业领导咨询有关信息。

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.

独立合约人
Independent Contractor Status

嘉康利直销商本身为独立合约人，非嘉康利公司员工及代表。独立合约人因不是嘉康利的员工，所以所得奖金将不会由嘉康利扣除所得税、联邦社会安全和医疗保险税，不受其他受雇员工相关的法律约束。

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.

未经授权之声明
Unauthorized Claims

嘉康利公司直销商不得擅自对嘉康利产品及奖金制度作出任何与嘉康利的正式印刷品及相关产品标示物不符的声明。嘉康利会员的会员权益与责任声明（P & R）将不定期修改并随此协议一起生效，请您与您的推荐人和事业领导一起仔细阅读。如直销商违反会员权益与责任声明的规定，其直销商资格将被取消。

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.

每年续约会员资格
Annual Renewal/Governing Law

您的会员资格必须每年续约。本协议经嘉康利签署之后，立即生效，并受加州法律约束。乔治亚州居民若需嘉康利公司相关资料，请参阅乔治亚州消费者事务厅的档案资料。

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.

*自动订货服务有关规定 **AUTOSHIP TERMS**

请注意：自动订货服务除节假日之外每星期一至星期五开通，改变或取消订货可以通过MyShaklee.com网站或拨打电话1.800.SHAKLEE进行。

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义授权嘉康利公司寄送本订单中列出的产品，及其今后补充和修改后的订单所列产品。所订货物将根据您指定的时间间隔定期寄送给您，并以产品寄送时的商品价格对订单所提供的信用卡帐户进行扣款，请注意，所有商品价格及配方的更改不另行通知。您了解并同意这些商品将会根据您所指定的时间间隔定期寄送，您必须支付所订货品款项直至您取消或修改本订单。嘉康利公司有权随时取消本订单。

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®