



ASSOCIATE APPLICATION & AGREEMENT

UNITED STATES

APPLICANT INFORMATION (Social Security or Federal Tax ID# is required for all Applicants.)

FULL NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NUMBER	DATE OF BIRTH		
LAST	FIRST	MI		MM	DD	YYYY
PHONE			EMAIL ADDRESS	FAX		
BILLING ADDRESS (NO PO BOX)			CITY	STATE	ZIP CODE	
SHIPPING ADDRESS			CITY	STATE	ZIP CODE	

CO-APPLICANT INFORMATION (if applicable)

FULL NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NUMBER	DATE OF BIRTH		
LAST	FIRST	MI		MM	DD	YYYY
PHONE			EMAIL ADDRESS	FAX		
BILLING ADDRESS (NO PO BOX)			CITY	STATE	ZIP CODE	
SHIPPING ADDRESS			CITY	STATE	ZIP CODE	

Business Entities: If your LIVIT Business will be owned by a corporation, limited liability company (LLC), partnership or trust, or will be operated under an assumed name (e.g., XYZ Enterprises or John Doe & Associates), please complete the section below.

COMPANY INFORMATION (if applicable)

COMPANY NAME			TAX ID NUMBER			
PHONE			EMAIL ADDRESS	FAX		
BILLING ADDRESS (NO PO BOX)			CITY	STATE	ZIP CODE	
SHIPPING ADDRESS			CITY	STATE	ZIP CODE	

SPONSOR & ASSOCIATE INFORMATION

SPONSOR NAME	SPONSOR ID	APPLICANT WEB ALIAS	APPLICANT PASSWORD

Have either of the applicants ever been a LIVIT Associate or had an ownership interest in a LIVIT Associate business as a co-owner or business entity? Yes / No (circle one). If "Yes", please provide date of last activity: ____/____ (Month/Year) Previous ID No.: _____



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MEMBERSHIP (Select all that apply.)

- Become an Associate for Free and \$19.99/Month for Back Office Access
- Join the Club for \$299.99 and \$29.99/Month
- Become a Founder for \$1000.00

NOTE: First month's fees are charged at time of purchase and automatically each month thereafter to the form of payment selected below.

PAYMENT INFORMATION

CARD NUMBER	CARD TYPE (CHECK ONE)			CARD EXPIRATION DATE	
	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DISCOVER	MM	YYYY
BILLING ADDRESS (NO PO BOX)	CITY	STATE	ZIP CODE		
CARDHOLDER NAME	CARDHOLDER SIGNATURE				

ACKNOWLEDGEMENT

I/we understand that the only financial requirement to become a LIVIT Independent Associate is the payment of the first Monthly Back Office fee (plus any applicable tax). Acceptance of this application occurs on receipt of payment of the first Monthly Back Office fee. Once this application is accepted, I/we understand I/we may access the Back Office online and that I/we will be entitled to all services LIVIT provides to its Associates. Any purchase of a product and/or service in connection with becoming an Associate is optional. I/we authorize LIVIT to charge the first and subsequent Back Office monthly fees to the payment method provided on this application.

I/ we have read and agree to the Associate Agreement and all incorporated documents. The Associate Agreement incorporates the Associate Application, the Policies & Procedures, the Terms & Conditions, the Compensation Plan, and any other documents applicable to Associates that may be published by the Company (referred to collectively as "the Agreement").

For individual and partnership applications I/ we certify that I am/we are the age of majority and legally able to enter into the Agreement. For company or other business entity applications I/we understand that the application is accepted conditional upon completion of the business entity registration form and its acceptance by LIVIT. If voluntarily cancelled within three (3) days of acceptance by LIVIT, I will receive a refund in accordance with Policy & Procedures.

APPLICANTS SIGNATURE	DATE

CO-APPLICANT'S SIGNATURE	DATE

Please email (support@livitup.com) or fax (1-512-682-0095) the completed application to the Associate Services Team.