



# Habit of Health Application

90 Walker Drive, Unit 1, Brampton, Ontario L6T 4H6  
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Toll-Free Fax 1-800-822-4884 www.naturessunshine.ca

For office use only  
I.D. # \_\_\_\_\_  
Date: \_\_\_\_\_

**Yes! I wish to join the 3-month Habit of Health Program. Consisting of:**

- **The Habit of Health Pak:** 1 Super Trio, 1 Zambroza, 1 Liquid Chlorophyll (473 mL), 1 Garden Essence, and 1 Bifidophilus Flora Force
- **Monthly Discounts:** \$5.00 off 1st Month, \$7.50 off 2nd month, \$10.00 off 3rd month

**Please Note:**

In order to receive the special Habit of Health discounts, one must be on the Program for 3 consecutive months. Nature's Sunshine will automatically ship your month's Habit of Health Pak order without you having to place the order.

**Applicant Information** (Please Type or Print clearly to speed processing. Please ensure you sign this form.)

\_\_\_\_\_  
Last Name First Name Business Name (if applicable)

\_\_\_\_\_  
Mailing Address (include Apt.# and buzzer code) City Province

\_\_\_\_\_  
Postal Code Home Phone FAX Number

\_\_\_\_\_  
Applicant's Social Insurance Number (For tax purposes only) Email address (for VIP Club)

**Shipping Address** (If different from above. No PO Box or RR #s please) Literature sent in: English  or French

(If shipping to your place of work please state company name as part of the address)

\_\_\_\_\_  
Street Address (include Apt.# and buzzer code) City Province

\_\_\_\_\_  
Postal Code Home Phone Fax Number email

**Sponsor Information (Please have sponsor sign the bottom of this form to ensure prompt processing.)**

\_\_\_\_\_  
Sponsor's Name Sponsor's I.D. Number

**Method of Payment**

Visa  MasterCard  AMEX

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Card Holder's Signature **X** \_\_\_\_\_

Please keep my credit card number on file  Yes  No

**Important: Read and sign this application form.**

I have hereby completed this application to the best of my knowledge and believe this information to be accurate. I have also read the Associate Agreement on the reverse side and do fully understand and agree to comply. Important Privacy Act information on reverse, see items 16, 17 and 18.

**X**  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**X**  
Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate  Preferred Customer  Retail  Existing NSP Member

Send part 1 to Nature's Sunshine's Office  
[White-NSP office;] Yellow-Applicant; Pink-Sponsor

# Habit of Health Agreement

1. I hereby certify that I am of the age of majority in the jurisdiction in which I live.
2. Upon acceptance of this Agreement by Nature's Sunshine Products of Canada Ltd. ("Nature's Sunshine"), I, the undersigned shall become an independent sales contractor ("Associate/Manager") for Nature's Sunshine authorized to distribute its products, and not an employee, agent or joint venturer of Nature's Sunshine. I hereby acknowledge that I am not authorized to act on behalf of or contract in the name of Nature's Sunshine.
3. I have the right to sell the Products offered by Nature's Sunshine in accordance with the Nature's Sunshine Policies and Procedures manual.
4. I hereby agree to reflect the highest standards of integrity, honesty and responsibility in dealing with customers, associates, managers and Nature's Sunshine.
5. As an independent sales contractor, I shall:
  - a. place primary emphasis on the retail sale of Nature's Sunshine products.
  - b. be the person ultimately responsible for designing and implementing my own business plan, for carrying on my own business, including deciding on purchases, inventory, selling techniques, business hours and location, hiring of any employees, and all other matters respecting the operation of my own business.
  - c. abide by any and all federal, provincial and local laws, rules and regulations pertaining to this agreement and the acquisition, receipt, storing, selling, distributing or advertising of Nature's Sunshine products and understand that no employment insurance, social insurance, workers compensation or income tax source deductions will be made or are required to be made by Nature's Sunshine on my behalf.
  - d. at my own expense, make, execute or file such reports and obtain such licenses as are required by law or public authority with respect to this agreement and the receipt, storing, selling or advertising of Nature's Sunshine products.
  - e. be solely responsible for the declaration and payment of all local, provincial and federal taxes that may be payable because of my activities or income in connection with this agreement.
  - f. not make any statements or representations regarding Nature's Sunshine products or its Compensation Plan other than those contained in literature, audios and videos provided by Nature's Sunshine.
6. I hereby agree to abide by all of Nature's Sunshine's Policies and Procedures outlined in the most recently published edition of Nature's Sunshine Policies and Procedures manual.
7. Upon 30 days notice, Nature's Sunshine reserves the right to delete, vary or add to the provisions of this agreement or the Policies and Procedures manual from time to time.
8. It is expressly agreed that there are or were no verbal or other written representations, understandings, stipulations, agreements and promises relating to the subject matter of this agreement nor incorporated in writing in this agreement. This agreement along with the Policies and Procedures manual constitutes the entire agreement between the parties.
9. I agree that no income representations whether written or verbal made in connection with advertising, promoting or representing Nature's Sunshine, may be made without disclosure of Nature's sunshine's typical Associate/Manager earnings in Canada.
10. I hereby acknowledge that I am not authorized to make any diagnosis of any medical condition, make drug related claims for or prescribe Nature's Sunshine products to treat or cure any disease or condition.
11. The term of this agreement is 1 year. A renewal fee is due on the anniversary of the original sign-up as per the terms of the Policies and Procedures manual.
12. I hereby acknowledge and agree that this Agreement may be terminated by either party without reason or cause, upon giving 30 days written notice to the other party of the termination. Nature's Sunshine reserves the right to terminate the agreement immediately if I am in material breach of any of the Policies and Procedures. Such breach shall constitute cause.
13. I agree that and understand that this agreement shall not be binding on Nature's Sunshine nor come into full force and effect until it has been accepted by Nature's sunshine at its Corporate Office.
14. This agreement shall be governed by the laws of the province of Ontario. If any provision of the agreement is found to be unenforceable or invalid all other provisions and clauses shall remain in full force and effect.
15. Taxes. As an independent Contractor, Associates or Managers, you will be responsible for the payment of federal and provincial income taxes, self-employment taxes and any and all other taxes required in respect of your business, or its purchases, under any federal, provincial, regulatory or taxing agency. You acknowledge that as an independent contractor engaged by Nature's Sunshine, you will not be treated as an employee for purposes of, but not limited to, federal income tax source withholding requirements, provincial employment standards rules, provincial worker' compensation deductions, federal employment insurance (EI) and CPP deductions, the GST/HST, and other like taxes, and that Nature's Sunshine will make no withholdings or deductions for same. Nature's Sunshine reserves the right to make elections with federal or provincial authorities to simplify the collection of GST and Provincial sales taxes, including charging GST and provincial sales taxes based on suggested retail selling price of products and purchased materials, based on the address to which the products and materials are shipped.
16. Nature's Sunshine Products of Canada Ltd collects personal information from its members and retail customers for the purpose of doing business with them. This includes entering into sales contracts and Associate Agreements, shipping products, paying remuneration for sales made, contacting them regarding account and promotional information, publishing recognition in monthly magazine and sharing this information with your sponsor or upline manager. This does not include the selling or transfer of information to third parties for business not related to Nature's Sunshine Products.
17. The information recorded on this form will be kept at the Nature's Sunshine Corporate Office and will be used solely for the purpose of enabling Nature's Sunshine to effectively manage its association with its distributors. Only employees who require knowledge of this information in the performance of their duties will have access to the information. You are entitled to have access to your file or request rectification of information upon a written request to Nature's Sunshine.
18. I hereby authorize that my social insurance number may be used by Nature's Sunshine as my personal identification number.