



**AMAZON HERB Co.**

RAINFOREST  
BIO-ENERGETICS®

1002 Jupiter Park Lane, Jupiter, FL 33458 US  
800-835-0850 · 561-575-7663 · 561-575-7935 Fax  
www.amazonherb.net

## ASSOCIATE AGREEMENT

Associate ID# : \_\_\_\_\_ Company Name: \_\_\_\_\_  
*(If Applicable)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
*(Required)* *(Required)*

Legal Name: \_\_\_\_\_  
*(As shown on income tax return)*

Check appropriate box:  Individual/Sole Proprietor  Partnership  Trust  Corporation LLC

### Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the legal name given on this agreement to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number								

or

Employer Identification Number								

Name of Officers:  
*(Required for Partnership, Trust, Corporation and LLC)*

\_\_\_\_\_  
\_\_\_\_\_  
SSN: \_\_\_\_\_  
SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Day Contact Number: \_\_\_\_\_ Evening Contact Number: \_\_\_\_\_

Mobile/Pager Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Authorized User on Account: \_\_\_\_\_ Describe Relationship: \_\_\_\_\_

### SPONSOR/PLACEMENT INFORMATION

Sponsor Name:	Sponsor ID:
Placement Name:	Placement ID:

Please read and sign the Terms and Conditions, which is Page 2 of this agreement.  
Please return both pages to the Amazon Herb Company.

## Amazon Herb Company Associate Agreement Terms and Conditions

I hereby apply to become an Independent Associate of the Amazon Herb Company, hereinafter 'Company', for the purposes of marketing products and receiving compensation for these services. As an Independent Associate, I understand and agree that:

1. I am of legal age in the state of my residency.
2. To become an Associate entitled to receive compensation, I must submit this signed agreement to the company for their acceptance. Upon acceptance of this agreement by the Company I shall become an Associate with the right to sell the services and products offered by the Company in accordance with the Company's marketing programs, Terms and Conditions and Guiding Standards. I have received and carefully reviewed the Company's profit plan and the Guiding Standards. I acknowledge that they are incorporated as part of this Agreement in their present form. I agree that these documents can be amended by the Company, at its discretion and upon notification to the Associates, and will become part of this agreement.
3. I will not use the name, trade names, logos, copyrighted material, trademarks or service marks of Amazon Herb Company, except in materials provided by the Company or approved in writing by the Company prior to their use by me. I understand that unauthorized use or duplication of trademarks or copyrighted materials is a violation of federal law.
4. I agree that to receive compensation, I am responsible for supervising and supporting Associates in my commissionable downline.
5. I agree that as an Amazon Herb Company Associate, I shall place primary emphasis upon the making of retail product sales to consumers. I further agree that I may be required upon Company request to show proof of retail sales activities. I understand that retail sales to non-associate consumers are a condition of receipt of commissions and that I must comply with the company's retail sales/70% rule as set forth in its policies.
6. I understand that I can cancel participation in the marketing program at any time and for any reason upon written notice to the Company. Upon notification of cancellation or termination, the Company will reimburse unopened inventory and materials as stated in the Guiding Standards. The term of this agreement is one year. This agreement will automatically be renewed by maintaining proper business behavior and by full compliance with the Guiding Standards and the Terms and Conditions.
7. This position does not constitute the sale of a franchise or an associateship and no fees or purchases have been or will be required from me for the right to distribute the Company's products pursuant to this Agreement.
8. By signing this agreement, I am agreeing to abide by these Terms and Conditions and the Amazon Herb Company Guiding Standards. I verify that I have read and understand the profit plan for monthly requirements and qualifications.
9. Upon acceptance of this agreement by the Company, I agree that I am an independent contractor, responsible for my own business activities and not an agent, employee or legal representative of the Company. I will not represent in any manner that I am an agent or representative of the Company. This Agreement is not intended and shall not be construed to create a relationship of employer-employee, agency, partnership, or joint venture between any Associate, sponsor and/or the Company. I will not be treated as an employee in regard to any laws covering employees, including but not limited to the Federal Insurance Contributions Act, the Social Security Act, the Federal Unemployment Tax Act, income tax withholding at source or for any federal, state, or local tax laws. I will be solely responsible for declaration and payment of all local, state and federal taxes as may accrue because of my activities in connection with this Agreement including, but not limited to, self-employment, state and federal income, sales or other taxes as required by law.
10. As an independent contractor, I will abide by any and all federal, state, county and local laws, rules and regulations pertaining to this Agreement and/or the acquisition, receipt, holding, selling, distributing or advertising of Company products. I will, at my own expense, make, execute or file all such reports and obtain such licenses as are required by law or public authority with respect to this Agreement and/or the receipt, holding, selling, distributing or advertising of Company products. If required by state regulation, I have on file with the Company a copy of the statement of my tax resale number in the state of my residency.
11. This agreement shall be governed by the laws of the state of Florida, and all claims, disputes and other matters between the parties of this agreement shall be brought in Palm Beach County Court, in Jupiter, Florida or in the U.S. District Court, in West Palm Beach, Florida.

This Agreement, along with the Guiding Standards and the Profit Plan, constitutes the entire Agreement between the Associate and the Company and no other additional promises, representations, guaranties or Agreements of any kind shall be valid unless in writing. I acknowledge that I have read and understand these documents and agree to their terms. This Agreement is considered valid once accepted by the Company.

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Associate Signature

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Date