



SMART START DISTRIBUTOR APPLICATION

APPLICATION INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
APPLICANT NAME (last, first, middle)	SOCIAL SECURITY NUMBER (required)	DATE OF BIRTH

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY PHONE	CELL/FAX	E-MAIL

<input type="text"/>	<input type="text"/>	<input type="text"/>
CO-APPLICANT NAME (last, first, middle)	SOCIAL SECURITY NUMBER (required)	CO-APPLICANT DATE OF BIRTH

<input type="text"/>	<input type="text"/>
NAME OF BUSINESS ENTITY (checks paid to business, if listed)	EIN or FED ID No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SHIPPING ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BILLING ADDRESS (if different)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ENROLLER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
ENROLLER'S NAME	PHONE	ENROLLER'S ID NUMBER

PLACEMENT INFORMATION (Placement Name and ID Number optional)

Based on the information provided in this section, you will be placed in the first available position of the name and ID number provided below. If no Placement Name or ID is provided in this section, you will be placed in the first available position of your Enroller (listed above).

<input type="text"/>	<input type="text"/>
PLACEMENT NAME	PLACEMENT ID NUMBER

TERMS AND CONDITIONS

I have read and agree to the Terms and Conditions below and am familiar with the return policy described in the company's Policies and Procedures. I hereby agree to be bound by the Terms and Conditions, which by reference are fully incorporated into this agreement. I certify that I am the age of majority and am legally able to enter into this contract. I have read and agree to the Company's Policies and Procedures and agree to the terms contained therein.

<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE (if applicable)	DATE

SMART START MEMBERSHIP AGREEMENT

UPON ACCEPTANCE OF THIS ENROLLMENT APPLICATION TO GOLDSHIELD ELITE, I AGREE AS FOLLOWS:

1. I am an Independent Member conducting business for my own account, and not an employee, representative, or agent of Elite. I understand that since Elite Members are Independent Members, they will not be treated as employees with respect to their business activities for State or Federal tax purposes. I will conduct my Elite business in compliance with all Federal, State, and Municipal laws pertaining to my independent business operations.
2. I understand that this Agreement will be automatically renewed each year contingent upon my continued activity and my payment of a Membership renewal fee. This Agreement shall be effective from the date of acceptance by Elite at its office in West Palm Beach, Florida. This Agreement shall be governed by the laws of the State of Florida. This Agreement is not assignable without the written consent of the parties hereto. I will abide by all Elite restrictions regarding the transfer of sponsorship.
3. I shall conduct my Elite business in full accordance with Elite's Policies and Procedures. I understand that failure to comply with Elite's Policies and Procedures could result in revocation of this Agreement.
4. I shall participate in the Elite Loyalty Rewards Plan as it is currently in force, and as it may be modified from time to time. I will represent the Elite Loyalty Rewards Plan and any income potentials therefrom honestly and accurately. I understand that any misrepresentation could result in revocation of this Agreement.
5. I will present descriptions of Elite products in a truthful and complete manner. All terms of sales will be clearly stated. I will fully support the Elite guarantee on all of its products. I will observe the highest standard of integrity, honesty and responsibility when dealing with others.
6. I will conduct myself in a professional, businesslike manner at all company functions and observe standard meeting etiquette.
7. I understand there is a Membership renewal fee due each year in order to maintain my active status in Elite.
8. I understand that I may terminate this Agreement at any time via written notice to Elite's Home Office. If I should act contrary to the best interests of Goldshield Elite (as determined by Elite), the company reserves the right to terminate this Agreement via notice in writing, sent to the address last known to the company.
9. I understand that as an Advanced Elite Member, I will be taxed (if applicable) on the retail price of products and sales aids purchased for resale unless a tax certificate is on file with Elite's Home Office. For products that I use for personal use, I may submit the Tax Reclaim Form for a refund of the difference between taxes on the retail and Member price.
10. I understand that the term Enroller is defined as the person who introduced me to the Elite Membership program, and the term Sponsor is defined as the person I am being placed directly under for Loyalty Rewards Plan purposes. Both the Enroller and the Sponsor may be the same person.
11. I understand that from time to time, my name (or nickname, if indicated) may be published in Elite publications upon reaching certain recognition levels. I understand that if I do not wish to have my name published, I must submit this request via written notice to Goldshield Elite, Attn: Marketing Department, P.O. Box 20027, West Palm Beach, FL 33416-0027.

THE ADVANCED MEMBERSHIP INSURED PRODUCT (IP) ORDER

If I am enrolling as an Advanced Elite Member, I agree to purchase products totaling at least the specified QV value. I also agree to pay any and all applicable freight charges and local taxes. By enrolling as an Advanced Member, I authorize Elite to ship the IP Order designated in this Agreement for any calendar month in which my product orders do not equal or exceed the QV total I designate on my Insured Product Order. Elite will not ship an IP Order for any calendar month in which I place product orders with QV equaling or exceeding the amount I designate. Elite is under no obligation to ship any products if the authorized accounts have been overdrawn or closed. IP Orders ship on 26th of each month or the first business day thereafter. Refusal or return of a valid IP Order may result in termination of my Elite Membership.

INSURED PRODUCT SUBSTITUTIONS

In the event that any product I have selected becomes unavailable, or if the QV for any products I have selected has been reduced, I authorize Elite to substitute another product or products of equal or greater value to ensure that I meet my QV commitment. I further authorize Elite to charge my account for any price difference for the substituted product(s). I may return it for an exchange and authorize Elite to credit or charge my account for any price difference. Refusal or return of a valid IP Order may result in termination of my Elite Membership.

PAYMENT AUTHORIZATION

I authorize Elite to withdraw payment for orders I place directly and for my Monthly and/or IP Order from my credit card, debit card, or bank account as specified in this Agreement. I agree to pay a US\$25 service fee in the event a check or charge is dishonored for any reason. After my account has been charged by my financial institution, I have the right to have the amount of any erroneous withdrawal immediately deposited to my account by my financial institution up to 15 days following issuance of my bank statement or 45 days after posting. I will hold Elite harmless for all special or consequential damages, whether direct or indirect, resulting from any wrongful debit to my account.

CHANGES

To change IP product selections, I must send a revised Advanced Elite Membership form, marked as a change with the changes indicated. If more than one Agreement has been submitted, the most recent Agreement will supersede all previous Agreements.

RENEWAL FEE FOR ADVANCED MEMBERS

If I have enrolled as an Advanced Member, I authorize Elite to charge my account on an annual basis for the purpose of automatically renewing my Advanced Membership.

NOTICE OF RIGHT TO CANCEL

DATE of Transaction: _____

You may CANCEL this transaction, without any penalty or obligation, within SEVEN BUSINESS DAYS from the above date. If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within TEN BUSINESS DAYS following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled. If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale, or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk. If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your Notice of Cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract. To cancel this transaction, mail or deliver a signed and dated copy of this Cancellation Notice, or any other written notice, to Goldshield Elite, 1501 Northpoint Parkway, Suite 100, West Palm Beach, FL 33407, NOT LATER THAN MIDNIGHT of the seventh business day following the date set forth above.

I HEREBY CANCEL THIS TRANSACTION:

Buyer's Signature _____

Date _____

STEP 1 Place your initial order (ships immediately)

Your initial order can differ from your Monthly Order. Simply enter the items you wish to receive on your initial order here.

- SMART START ENROLLMENT INCLUDES:**
- 1 bottle of Pulsate Plus (item 1108)
 - Advanced Membership Kit complete with standard brochures, DVDs and extra literature
 - Goldshield Elite Personal website, designed, managed, and hosted for one full year

	Item No.	Qty.	Product Name	QV	Wholesale Total
✓	SS01	1	SMART START ENROLLMENT (\$200 value)	30	\$150.00
	SS02	1	SALES AID & SAMPLE KIT (only \$19.95)		
	VSS5	1	\$5 DISCOUNT IF 1108 LISTED ON MONTHLY ORDER BELOW		
	VSS10	1	\$10 DISCOUNT IF 3000 LISTED ON MONTHLY ORDER BELOW		
TOTAL					

SPECIAL NOTE: The Sales Aid and Sample Kit (Item SS02) is limited to one per Member and only available if placed on this initial order. Item SS02 contains 15 Pulsate Plus sample bottles (1oz), 15 *The Sky's the Limit with Pulsate Plus* DVDs and 15 Pulsate Plus brochures for only \$19.95. That's a discount of over 60%!

AUTOMATIC DISCOUNT: When placing your Monthly Order below, be sure to pick your discount! If you choose Item 1108 you can receive a \$5 discount on your initial SMART START order. If you choose Item 3000 on your Monthly Order below, you can receive a \$10 discount on your initial SMART START order.

STEP 2 Place your Monthly Order (this ships next month)

Setting up your 30 QV or higher Monthly Order ensures you will receive your product and are "qualified" and eligible for commissions each month. If your Monthly Order is 100 QV or higher, you will qualify for a FREE product each month.

	Item No.	Qty.	Product Name	QV	Wholesale Total
	3000		PULSATE PLUS PACK (\$134.95)	95	
	1108		PULSATE PLUS, 30 fl oz / 887 mL (\$49.95)	30	
TOTAL					

PULSATE PLUS PACK: Item 3000 contains three Pulsate Plus bottles (30 oz), eight Pulsate Plus sample bottles (1 oz), one *The Sky's the Limit with Pulsate Plus* DVD, and eight Pulsate Plus brochures for only \$134.95. That's a discount of over 20%!

STEP 3 Select a payment option

- Option A:** (check one) Visa MasterCard Discover (USA Only)

Credit card number

Expiration date

Name (as shown on card)

Signature of cardholder

Date

- Option B:** EFT from my/our bank account.

Attach voided check and a completed and signed EFT application form (available on page 4).

SHIPPING INFORMATION

Street address	City	State/Province	Zip/Postal Code
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All orders are subject to the local sales tax of your region, which will be added to the order total. Shipping and handling charges will also be added. Refer to your Goldshield Elite price list for the Shipping & Handling schedule. To change any detail pertaining to your Monthly Order, the request must be received by the Company, two business days prior to the requested ship date.

All prices stated in U.S. dollars.

PO BOX 20027 • WEST PALM BEACH, FL 33416-0027 • Phone: 888.709.5901 Fax: 800.423.3135



EFT APPLICATION
(USA ONLY)

DISTRIBUTOR INFORMATION

SSN or Tax ID No.

First Name

Last Name

Phone Number

Mailing Address

City

State Zip

Member ID (if established)

ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

- I authorize Goldshield Elite to credit (deposit to) my account for Loyalty Rewards I earn.
- I authorize Goldshield Elite to debit (deduct from) my account for the amount I specify in my phone, mail, email, or online orders.
- Checking Savings (Only one account may be provided)

Name on Account

Bank Name

Bank Address

City State

Signature on Account

Account Number

Bank Routing Number

Bank Phone Number

Date

I have completed the above Pre-approved Electronic Funds Transfer (EFT) Authorization form and have attached a signed, original, pre-printed, voided check. I understand that any order is not valid until accepted by Goldshield Elite who reserves the right to refuse any purchase orders. I understand that Goldshield Elite makes no warranties other than those set forth in this agreement or created by law in the state in which I reside.

NOTE: A draft from the bank for any transaction showing insufficient funds in my account will result in a service charge debited from my account, along with a \$20.00 Service Charge debited to my Goldshield Elite account. I will NOT be notified in writing that future shipments will be held. Any and all other transactions will be frozen until the applicable Insufficient Funds (NSF) and service charges are received by Goldshield Elite. ELECTRONIC FUNDS TRANSFER PRIVILEGES WILL BE IMMEDIATELY AND PERMANENTLY REVOKED WHEN AN EFT PAYMENT IS INVALID.

Cancellations or changes to my Electronic Funds Transfer authorization agreement must be made in writing and received at Goldshield Elite's office fifteen (15) days prior to the date of which I wish the change/cancellation to commence.

NOTE: IF USING A CREDIT UNION, PLEASE VERIFY THIS INFORMATION PRIOR TO SUBMITTING FORM.

All prices stated in U.S. dollars.