



Business Registration form for DBA, Corporation, LLC, Partnership or Trust

Please note Univera policies permit an interest in one distributorship only per person, married couple or household.

UNIVERA ID #

MAILING ADDRESS FOR BUSINESS

FULL NAME OF BUSINESS ENTITY

CITY, STATE/PROVINCE, ZIP/POSTAL CODE FOR BUSINESS

TAX ID # FOR BUSINESS

DAY PHONE # FOR BUSINESS

CONTACT PERSON (NAME OF ASSOCIATE)

EVE PHONE # FOR BUSINESS, IF APPLICABLE

SOCIAL SECURITY or SOCIAL INSURANCE # FOR CONTACT PERSON

FAX # FOR BUSINESS

E-MAIL ADDRESS FOR CONTACT PERSON

E-MAIL ADDRESS FOR BUSINESS

Section I

TYPE OF BUSINESS ENTITY: (CHECK ONE)

- Proprietorship doing business under an assumed name—
"doing business as"—"dba" (complete section II)
- Corporation (complete section III)
❖ *Attach copy of Certificate of Incorporation*
- Limited Liability Corporation—LLC (complete section III)
❖ *Attach copy of Articles of Organization*
- Partnership (complete section IV)
❖ *Attach copy Letter of Agreement*
- Trust (complete section V)
❖ *Attach copy of the Letter of Trust*

* *All need a new signed Associate Agreement*

Section II

If applying for a Distributorship as a proprietorship operating under an assumed or fictitious name, complete the following:
I/We hereby apply for an Univera Independent Distributorship USING THE NAME:

NAME

TAX ID#

SIGNATURE

MAKE CHECKS PAYABLE TO

Section III

If applying for a Distributorship as a corporation, complete the following:

a. Name of Corporation:		b. State/Province of Incorporation:	
c. Names and Social Security/Social insurance Numbers of all shareholders, directors, and officers. (Attach list if needed)			
NAME OF SHAREHOLDERS	SSN/SIN	ADDRESS	PHONE NUMBER

Resolved that _____ (name of corporation) is authorized to enter into an Univera LifeSciences Associate Agreement and to execute any and all documents necessary to conduct business as an Univera Independent Distributorship. We certify that this Resolution was adopted by the Board of Directors of _____ (name of corporation) on _____ (date) at a meeting of Directors properly called, and shall continue in effect until rescinded by Resolution duly adopted by the Board of Directors of this corporation, notice of which shall be signed by the President of the Corporation and provided to Univera. Each shareholder, director and officer acknowledges that, in addition to the obligations and responsibilities of the corporation, they are personally and individually bound to and must comply with the terms and conditions of the Univera Associate Agreement, Policies and Procedures, and the Compensation Plan.

PRESIDENT SIGNATURE	
PRINT NAME	

SECRETARY SIGNATURE	
PRINT NAME	



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Section IV

If applying for a Distributorship as a partnership, complete the following:

- a. Name of Partnership _____
- b. Names and Social Security Numbers/Social Insurance Numbers of all Partners

We, the undersigned partners of _____ (name of partnership), have formed this partnership under an agreement dated _____, with an authorized purpose of conducting business as an Univera Independent Distributorship. We certify that the names, Social Security/Insurance Numbers, addresses, and phone numbers of the partners in this partnership are as follows:

NAME OF PARTNER	SSN/SIN	ADDRESS	PHONE NUMBER

Each partner is authorized to sign any document necessary to conduct business with Univera, and is liable for all contracts entered into with Univera by the partnership both jointly and severally. Each partner acknowledges that, they are personally and individually bound by the terms and conditions of the Univera Associate Agreement, Policies and Procedures, and the Compensation Plan.

PARTNER(S) SIGNATURES

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Section V

If applying for a Distributorship as a Trust, complete the following:

a. Name of Trust	
b. Name of Trustee	
c. SSN/SIN	
d. Address	
e. Phone Number	

I/We certify that I/We am/are the trustee(s) of the above mentioned trust created on _____. I/We certify that I/We am/are authorized to enter into the Univera LifeSciences Associate Agreement, and to sign any documents necessary to conduct business as an Univera Independent Distributorship. Each trustee acknowledges that, in addition to the obligations and responsibilities of the trust, they are personally and individually bound and must comply with the terms and conditions of the Univera LifeSciences Associate Agreement, Policies and Procedures, and the Compensation Plan.

TRUSTEE SIGNATURE	
PRINT NAME	

TRUSTEE SIGNATURE	
PRINT NAME	

**Please fax the completed form to: 1-877-627-4747
or Mail to: 2660 Willamette Dr. NE • Lacey, Washington 98516**