



Bonvera  
 1659 S. Sabin  
 Wichita, KS 67209  
 Tel: (316) 616-0465

# Independent Associate Application and Agreement

\*NOTE: When using a Federal ID number, you must also complete the Corporate Registration Form.

Independent Associate Applicant			
Name (First, Middle, Last)		Federal ID Number*	Date of Birth (m/d/y)
Co-Applicant Name (First, Middle, Last) – <i>if applicable</i>			Date of Birth (m/d/y)
Street Address (Not P.O. Box)	City	State/Province	Zip/Postal Code
Shipping Address – <i>if different from above</i> (Not P.O. Box)	City	State/Province	Zip/Postal Code
Day Phone Number	Evening Phone Number (if different from day)		
Email Address	Co-Applicant Email Address		

Enroller	
Enroller Name (First, Middle, Last)	Email Address
Associate ID Number	Phone Number

Sponsor (If other than Enroller)	
Sponsor Name (First, Middle, Last)	Email Address
Associate ID Number	Phone Number

Startup Packs	
<input type="checkbox"/> Associate Registration Pack - \$49.95	
<input type="checkbox"/> Optional First Order & Registration Pack \$199.95	
<input type="checkbox"/> ICAA Annual Membership - \$8.00	
<b>Shipping &amp; Handling</b>	
<b>Subtotal</b>	
<b>Sales Tax*</b> <small>*Sales Tax based on applicable state &amp; local rates for address of purchaser.</small>	
<b>Total Due with Application</b>	

Method of Payment	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
<input type="checkbox"/> Personal Check†	
Card Number	Exp. Date
Name on Card ( <i>please print</i> )	Security Code
Signature of Card Holder	

— Please make Checks payable to: Bonvera —  
 †Payment by Personal Check may delay shipping of Registration Pack by 7-10 business days.

## Terms of Agreement

My signature below indicates that I have read the Terms of Agreement on the reverse side of this Application as well as the Company Policies & Procedures, and that I willingly accept all of the Terms and Conditions of this agreement. As an Associate, I understand that I have a right to cancel at any time, regardless of reason. Cancellation must be submitted in writing to the Company at its principal place of business. This Agreement is not effective until accepted by Bonvera at its principal place of business.

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant Signature Date Co-Applicant Signature Date

All signatures to this application must be affixed personally. Applicants must be of legal age. See reverse side for Terms of Agreement.

(3) copies of this completed contract shall be made:

(1) for Home Office (1) for Associate (1) for Enroller

## Terms of Agreement

I hereby apply to become an Independent Associate of the Bonvera (*hereinafter "Company"*) sales and marketing program. As an Associate, I understand and agree that:

1. I am of legal age in the state in which I enter this Agreement.
2. I shall become a Company Associate upon acceptance of this application by the Company. As an Associate, I shall have the right to sell the products and services offered by the Company in accordance with the Company's sales and marketing program and statement of policies and procedures, which may be amended and changed from time to time.
3. Upon notification to Associates, the Company, at its discretion, may amend the compensation plan, product pricing, statement of policies and procedures etc., with the approval of the Independent Community Advisory Association.
4. I have carefully reviewed the Company's sales and marketing plan, rules and regulations, policies and procedures and acknowledge that they are incorporated as part of this Agreement in their present form and as modified from time to time by the Company.
5. The term of this Agreement is one year. Unless otherwise directed by you or the Company, your account on file will be billed and the renewal process will happen automatically on your anniversary date (every year unless you terminate your Agreement). Under all circumstances, whether automatic billing or payment, the renewal fee must be received no later than 30 days after your anniversary date or the Company has the option to deactivate your status, and you will need to pay a reinstatement fee of \$49.95 to become active again. In addition, the Company reserves the right to accept or reject your application for renewal and the renewal shall be deemed accepted if it has not been rejected in writing by the Company within 30 days of receipt of the renewal fee. The renewal fee is \$29.95. On the anniversary of automatic annual renewal, upon logging into the website, there will be a pop-up with any changes in the policies and procedures to read and agree before processing the renewal.
6. An Associate shall be entitled to cancel participation in the sales and marketing program at any time and for any reason upon notice to the Company. Upon notification of cancellation or termination, the Company will repurchase Associate purchased inventory in accordance with its policies as stated in the Company's sales and marketing program and policies and procedures.
7. Upon acceptance of this application by the Company, I will be an independent contractor responsible for my own business and not an employee of 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 or state tax laws. It is my responsibility to pay self employment, state and federal income taxes as required by law.
8. I will not use the Company's trade name and/or trademark except in the advertising, provided to me by the Company or in other advertising without prior written approval by the Company.
9. Any Associate, who sponsors other Associates, must fulfill the obligation of assisting in the distributing and selling of products to the ultimate consumer, and in the training of those sponsored. Associates must have appropriate contact, communication and training for his or her sales organization. Examples of such training may include, but are not limited to, newsletters, written correspondence, personal meetings, telephone contact, voice mail, electronic mail, training sessions, accompanying individuals to Company training, and sharing genealogy information with those sponsored. Associates should be able to provide evidence to the Company of ongoing fulfillment of sponsor responsibilities. If an Associate is an Enroller in the sales and marketing program entitled to Enroller bonuses, then the Enroller is obligated to the same responsibilities of supervisory, communication, and training activities with respect to Associates he or she has enrolled, irrespective of whether the Enroller is also the Sponsor of those Associates.
10. The Company's sales and marketing program is built upon retail sales to the ultimate consumer. The company also recognizes that Associates may wish to purchase product(s) or service(s) in reasonable amounts for their own personal or family use. For this reason, a retail sale for bonus purposes shall include sales to non-participants, as well as sales to Associates for personal or family use which are not made for purposes of qualification or advancement. It is company policy to prohibit the purchase of product or large quantities of inventory in unreasonable amounts solely for the purpose of qualifying for bonuses or advancement in the sales and marketing program. Associates may not inventory load nor encourage others in the sales and marketing program to inventory load. Associates must fulfill published personal and downline retail sales requirements, including required retail sales to non-participants, as well as supervisory responsibilities to qualify for bonuses, overrides or advancements.
11. The Associate acknowledges that they are an independent marketing representative who establishes and services retail customers for Company products as an independent contractor. The position of Associate does not constitute either a sale of a franchise or distributorship. This Agreement is not intended and shall not be construed to create a relationship of employer, employee, agency, partnership, or joint venture between any Associates or the Company.

As an independent contractor, the Associate shall:

  - a) Abide by any and all federal, state, county and local laws, rules and regulations pertaining to this Agreement and/or the acquisition, the receipt, holding, selling, distributing or advertising of Company products.
  - b) At the Associates own expense he or she must produce, 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.
  - c) Be solely responsible for declaration and payment of all local, state and federal taxes as may accrue because of the Associates activities in connection with this Agreement.
12. No purchase or investment is necessary to become a Company Associate other than the purchase of a registration pack, which is sold "at Company cost." (Purchase is optional in North Dakota). This "at cost" registration pack fee covers basic and ongoing sales and marketing materials, and support in both written, electronic and online media formats, including product and service updates.

As an extension to the initial "at cost" registration pack, a \$9.95 monthly fee will be charged beginning on the anniversary date of the second month, for expanded "at cost" ongoing sales and marketing materials support, including back office accounting review, training updates, replicated website, and communication tools to support the sales and marketing process. By submitting this Application and Agreement, Associate specifically authorizes this monthly fee to be charged to the Associate's on-file debit or credit card (or other form of payment acceptable to the Company) each month for as long as he or she remains an Associate.

This fee will only be charged if and when the Associate uses their back office. There will not be a back charge for any previous days or months when the back office was not used. All shopping and commissions are available without having to pay for this back office support.
13. Prior written approval from the Company is required for the following:
  - a) To advertise Company products.
  - b) Issuance of an Associate position in a corporate name.
14. The Company may immediately terminate an Associate who discredits the Company's name, violates any requirement contained in this Agreement, Company policy and procedures, training manuals, or misrepresents the Company's products or business opportunity by making claims contrary to the Company's product literature and labels.
15. This Agreement constitutes the entire Agreement between the Associate and Company, and no other additional promises, representations, guarantees or agreements of any kind shall be valid.
16. This Agreement shall be governed by the laws of the state of Kansas. All claims, disputes and other matters between the parties of this Agreement according to the policies and procedures when stated, shall be brought, when appropriate as outlined in the policies and procedures in Sedgwick County District Court in Wichita, Kansas, or in the U.S. District Court for the District of Kansas, in Wichita, Kansas.
17. I acknowledge that I have read, understand, and agree to the terms set forth in this Agreement.
18. This Agreement is not in force until accepted by the Company.
19. The Company's direct selling opportunity is currently not available in Montana, nor to Montana residents. The Company will not accept applications from Montana residents.





# Debit/Credit Card Authorization Agreement

Bonvera  
1659 S. Sabin  
Wichita, KS 67209  
Tel: (316) 616-0465

Independent Associate		
Name of Associate and Debit/Credit Card Holder (First, Middle, Last)		Email Address
Debit/Credit Card Billing Address of Registered Associate		
City	State	Zip Code
Telephone Number	Associate ID#	

Debit/Credit Card Information and Authorization				
Type of Debit/Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Debit/Credit Card Number	Expiration Date	Security Code		

### I acknowledge that ...

1. I am a registered Independent Associate of Bonvera.
2. I am the individual authorized to sign the above debit/credit card for amounts I authorize by telephone to the Bonvera home office for orders I place. I acknowledge that Bonvera will only accept telephone orders based on this authorization to debit my debit/credit card. I understand that the Order Entry Operator will ask for confirmation of the debit/credit card number and my identity each time an order is taken.
3. I understand that if I want to change my debit/credit card on file for future transactions, I must sign a new debit/credit card authorization form to replace this authorization form. Only the debit/credit card authorization on file can be used for product order purchases.
4. I understand that I am not required to order any supplies from Bonvera.
5. I understand that as an Independent Associate, I shall be entitled to cancel participation in the sales and marketing program at any time and for any reason upon notice to Bonvera. Upon notification of cancellation or termination, the sponsoring Independent Associate or the Company will repurchase inventory and mandatory registration pack materials in accordance with its policies as stated in the Company's sales and marketing program and policies and procedures.
6. I acknowledge that I have read and understand the terms and conditions of this Agreement.

X \_\_\_\_\_  
Signature of Independent Associate and Debit/Credit Card holder

\_\_\_\_\_  
Date

(2) copies of this completed form shall be made:  
(1) for Home Office (1) for Associate



# Multiple Applicant, Partnership or Corporation Registration

Bonvera  
1659 S. Sabin  
Wichita, KS 67209  
Tel: (316) 616-0465

**NOTE: If you used a Federal ID number on your Application, you must complete this form.**

## Principals of Multiple Registration

**(1)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(2)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(3)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(4)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(5)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

**(6)**

First Name Middle Initial Last Name

Legal Mailing Address

City State Zip

Signature Date

## DBA, Corporate Name(s) to appear on commission checks and correspondence

DBA / Corporate Name

Social Security Number or  Federal ID Number

Address of Above

City County State Zip

Bonvera does not assume responsibility for the legality of the partnership or corporation listed above. Registration and tax requirements, local, state, and federal, are the responsibility of the above. The signatories agree that this form is an addendum to and part of the Independent Associate Application and Agreement Form. See also the Policies and Procedures.

OFFICE USE ONLY

(3) copies of this completed form shall be made:

(1) for Home Office

(1) for Associate

(1) for Enroller



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# Independent Associate Product Order

Independent Associate				Shipping Information			
Associate ID Number				Name (First, Middle, Last)			
Associate Name (First, Middle, Last)				Street Address			
Street Address				Street Address			
City		State	Zip Code	City		State	Zip Code
Phone		Email Address		Home Phone		Cell Phone	

Sponsor	
Sponsor Name	Sponsor ID Number

Products <i>(Please Print Clearly)</i>				
Item Number	Product Description	Quantity	Amount	Total

**For Phone Orders: (316) 616-0465**  
**For Fax Orders: (316) 260-2274**

### Method of Payment

- Visa   
  MasterCard   
  Discover  
 American Express   
  Personal Check<sup>‡</sup>

<sup>‡</sup>Please make Checks payable to: Bonvera. Check must clear before product will be shipped.

Card Number	Exp. Date
Name on Card	Security Code
Signature of Card Holder	

<b>FOR OFFICE USE ONLY:</b> Received _____
Check No. _____ Shipped via _____
Shipped _____ Filled by _____

Sales Tax Computation	Subtotal
Please calculate Sales Tax based on the applicable state and local rates for the purchaser's address.	
<b>Shipping &amp; Handling*</b>	
<b>Sales Tax<sup>†</sup></b>	
<b>Total</b>	

*Shipping and Handling
Rates: \$0 to \$49.99 = \$ \$ 50 to \$99.99 = \$ \$100 to \$199.99 = \$ \$200 to \$299.99 = \$ \$300 to \$399.99 = \$ \$400 to \$499.99 = \$

### 70% Rule

In order to qualify for commissions and overrides, the Associate must certify that he/she has sold to retail customers or consumed at least 70% of all products previously purchased.

X \_\_\_\_\_  
 Associate Signature Date

(2) copies of this completed form shall be made:

(1) for Home Office      (1) for Associate





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# Return Merchandise Authorization

## Authorization

Please call the home office at (316) 616-0465 to receive a *Return Authorization Number* and instructions on how to ship the item(s).

Return Authorization Number	Date Authorized	Account Number	Date Submitted
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## Independent Associate

Name (First, Middle, Last)	ID Number	Phone	Email Address	
Shipping Address		City	State	Zip Code

## Debit/Credit Card

If the order was originally paid by debit/credit card, please provide the debit/credit card information below for return authorization.

Debit/Credit Card Number	Expiration Date	Security Code
Name On Card		

## Products Being Returned

List product(s) being returned along with a Reason Code (*listed below*).

Order Number	Order Date	Item Number	Description	Qty	Reason Code	(yes/no) Replace
1						
Explanation:						
2						
Explanation:						
3						
Explanation:						
4						
Explanation:						
5						
Explanation:						

## Reason Codes

- MD** Manufacturing Defect
- IS** Incorrectly shipped — did not order
- D** Item damaged
- EP** Received extra product — not ordered
- O** Other — please explain \_\_\_\_\_

## Ship To

Please include this form along with your return when sending to the home office.  
**Please ship all returns to:**  
**Bonvera**  
**1659 S. Sabin**  
**Wichita, KS 67209**

*Please allow two weeks for processing.*