

DD - MM - YY
Date
Consultant ID #

Business Legal Name

Name of Authorised Company Contact

Title of Authorised Contact

ABN/ACN (if applicable).

Business Address

City State Postcode

Business Tax Number E-Mail Address

Business Phone Other Phone Fax Number

Type of Business: (Please tick appropriate entity type)
[ ] Partnership [ ] Company [ ] Trust [ ] Other (Describe)

THE PERSON COMPLETING THIS FORM ON BEHALF OF THE RELEVANT BUSINESS ENTITY REPRESENTS AND WARRANTS THAT THE BUSINESS ENTITY HAS AUTHORISED THE SIGNING OF THIS REGISTRATION FORM AND THE ARBONNE INDEPENDENT CONSULTANT APPLICATION AND AGREEMENT, AND THAT THE INFORMATION SET OUT IS TRUE AND CORRECT. THE PERSON COMPLETING THIS FORM AND THE ARBONNE INDEPENDENT CONSULTANT APPLICATION AND AGREEMENT ACKNOWLEDGES ON BEHALF OF THE BUSINESS ENTITY THAT ARBONNE WILL BE INDUCED BY THE BUSINESS ENTITY'S APPLICATION TO DEAL WITH THE BUSINESS ENTITY AS AN ARBONNE INDEPENDENT CONSULTANT.
ALL PARTIES HOLDING AN OWNERSHIP INTEREST OR MANAGEMENT POSITION WITH THE BUSINESS ENTITY APPLICANT MAY NOT HAVE AN OWNERSHIP INTEREST IN, OR OPERATIONAL POSITION WITH, ANY OTHER ARBONNE INDEPENDENT CONSULTANT BUSINESS.
GUARANTEE AND INDEMNITY
TO ARBONNE EUROPE SÀRL (AND ALL SUBSIDIARIES, DIVISIONS, AFFILIATES, RELATED AND ASSOCIATED COMPANIES, TRUSTS AND OTHER ENTITIES AND/OR SUCCESSORS OR ASSIGNS).
IN CONSIDERATION OF ARBONNE'S ACCEPTANCE OF THE BUSINESS ENTITY'S APPLICATION TO BECOME AN ARBONNE INDEPENDENT CONSULTANT AND ARBONNE'S EXECUTION OF THE ARBONNE INDEPENDENT CONSULTANT AGREEMENT WITH THE BUSINESS ENTITY AT OUR REQUEST, WE, THE UNDERSIGNED GUARANTORS HEREBY UNDERTAKE AS FOLLOWS:
1 WE GUARANTEE PAYMENT TO ARBONNE OF ALL MONEYS AND PERFORMANCE OF ALL OBLIGATIONS INCLUDING ANY PAST, PRESENT AND FUTURE INDEBTEDNESS AND/OR OBLIGATION OF THE BUSINESS ENTITY APPLICANT ARISING FROM ANY PAST, PRESENT OR FUTURE DEALING WITH ARBONNE.
2 WE INDEMNIFY ARBONNE AGAINST ALL LOSS AND DAMAGE ARISING FROM ANY PAST, PRESENT OR FUTURE DEFAULT BY THE BUSINESS ENTITY APPLICANT UNDER THE TERMS OF THE ARBONNE INDEPENDENT CONSULTANT AGREEMENT.
3 IF MORE THAN ONE GUARANTOR IS NAMED, EACH GUARANTOR IS JOINTLY AND SEVERALLY LIABLE TO GUARANTEE THE OBLIGATIONS OF THE BUSINESS ENTITY APPLICANT IN ACCORDANCE WITH THE TERMS OF THIS GUARANTEE AND INDEMNITY.
THIS GUARANTEE AND INDEMNITY IS EXECUTED AS A DEED BY THE SIGNATORIES BELOW.
IMPORTANT NOTICE
IF YOU SIGN THIS GUARANTEE AND INDEMNITY YOU MAY BE REQUIRED TO PAY THE BUSINESS ENTITY'S DEBTS. YOU SHOULD ENSURE THAT YOU READ AND UNDERSTAND ITS TERMS. IF NECESSARY SEEK INDEPENDENT PROFESSIONAL ADVICE.

Please complete below for all Owners, Partners, Shareholders, Members, Trustees, Beneficiaries, etc. (attach additional pages as needed)
The current principal of the Arbonne business (associated with the Consultant ID # above) must be a signatory.

Name Title

Home Address Phone

Signature (signed, sealed and delivered) Date

Name Title

Home Address Phone

Signature (signed, sealed and delivered) Date

Name Title

Home Address Phone

Signature (signed, sealed and delivered) Date

Name Title

Home Address Phone

Signature (signed, sealed and delivered) Date