



# Canada Associate Application & Agreement

USANA Canada Co.  
80 Innovation Drive  
Woodbridge, ON L4H 0T2  
Customer Service: (888) 950-9595  
Fax: (800) 289-8081  
customerservice@usanainc.com  
www.USANA.com

## ABOUT YOU.....

M /  F \_\_\_\_\_  
 Name (Last, first, middle (Note: If doing business under an assumed name, corporation, or partnership, submit the Corporation, Partnership, DBA Registration Form) \_\_\_\_\_  
 Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Telephone Number \_\_\_\_\_

M /  F \_\_\_\_\_  
 Co-Applicant Name (Last, First, Middle) \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_

**LANGUAGE PREFERENCE:**

ENGLISH   
 SPANISH   
 MANDARIN   
 CANTONESE   
 Primary

Applicant Residential Address \_\_\_\_\_  
 Applicant SSN, ITIN, or EIN \_\_\_\_\_

Territory/Province \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Co-Applicant SSN, ITIN, or EIN \_\_\_\_\_

E-mail \_\_\_\_\_

## YOUR SPONSOR INFORMATION

## YOUR PLACEMENT INFORMATION

SPONSOR NAME (Last, first, middle) \_\_\_\_\_

Name of the person whom the applicant will be placed under (Last, first, middle) \_\_\_\_\_

Associate Number \_\_\_\_\_ Sponsor Telephone Number \_\_\_\_\_

Associate Number \_\_\_\_\_ Business Center \_\_\_\_\_

LEFT  RIGHT  
 Placement of Business Centre (mark one)

## GETTING STARTED - INITIAL/AUTO ORDER PRODUCT FORM.....

Place your initial order and save 10% by setting-up your Auto Order - Your Subscription to Health.

**WELCOME KIT \$11.95 CDN PLUS APPLICABLE SALES TAX.**  
 All new Associates must purchase a Welcome Kit. Includes 3 free cycles of the Business Accelerator Suite. To qualify, you must remain on a monthly 100 SVP Auto Order. After the trial ends, you will be charged the ongoing subscription rate of \$19.95 every 4 weeks. To avoid charges, remove the Business Accelerator Suite (Item # 824) from your Auto Order any time before the trial ends.

Open 1 Business Center  Open 3 Business Centers

Item #	Qty.	Product name	SV	Product Price	Auto Order
Total					
				Total Taxes	
				Shipping & Handling	
				Total Due	

**\*SHIPPING & HANDLING**  
 Your shipping cost will be USANA's actual freight cost plus a \$2.00 handling fee. Your shipping charge will be an estimate made at the time of your order. The estimate is a computer generated charge and is calculated using the weight of the product and the fill material.

**CALCULATING YOUR TAXES**

\$ \_\_\_\_\_ X \_\_\_\_\_ %  
 Auto Order or Rate  
 Wholesale Price

Your shipping charges will be determined by the weight of your product and may vary by state. Your order form will be completed by USANA, or you may call Customer Service at 1-888-950-9595.

Information regarding USANA's return policy can be found online at: <https://www.usana.com/ux/dotcom/#!/en-US/terms>

## HOW WILL YOU PAY?.....

Select a method of payment for ordering. The account information will be kept on file for future orders.

REGULAR PAYMENT  Check Enclosed  Check/Money order  Visa  MasterCard  American Express

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Delivery Date \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize USANA Health Sciences, Inc. to electronically withdraw and/or receive payment from my chequing account or credit card for any orders that I place. USANA is authorized to withdraw payment equal only to the amount of the products that I order, plus applicable sales tax and shipping; or for the amount of the Auto Order I have established (plus additional amounts for substituted products if my regular products are unavailable). In the event a cheque or charge is dishonored for any reason, I agree to pay a \$27 service fee plus applicable sales tax. I authorize USANA Health Sciences, Inc. to charge the account or credit card listed in this agreement a total of \$27.00 (plus applicable sales tax) on an annual basis for the purpose of automatically renewing my Associate Agreement. This amount shall be charged on the anniversary date of my application and can be canceled at any time.

## AGREEMENT.....

- I CERTIFY THAT I AM AT LEAST THE AGE OF MAJORITY.
- I HAVE REVIEWED AND AGREE TO USANA'S TERMS & POLICIES AND COMPENSATION PLAN. (To obtain a copy of the Terms & Policies and Compensation Plan, please call Customer Service at (888) 950-9595.)
- I HAVE REVIEWED USANA'S COMPENSATION PLAN. I UNDERSTAND THAT USANA DOES NOT GUARANTEE ASSOCIATES' FINANCIAL SUCCESS AND I CERTIFY AND THAT NOBODY HAS ASSURED ME THAT MY USANA INDEPENDENT BUSINESS WILL BE PROFITABLE.
  
- I UNDERSTAND THAT I AM AN INDEPENDENT CONTRACTOR AND WILL NOT BE TREATED AS AN EMPLOYEE OF USANA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO FEDERAL OR PROVINCIAL TAX PURPOSES.

You may terminate this Agreement from the day you enter into the Agreement until 10 days after you receive a copy of the Agreement. You do not need to provide a reason to terminate.

If you do not receive the goods or services within 30 days of the date stated in the Agreement, you may terminate the Agreement within one year of the Agreement date. You lose that right if you accept delivery after the 30 days. There are no other grounds for extended termination. For more information, you may contact Customer Service.

If you terminate this Agreement, the seller has 15 days to refund your money and any trade-in, or the cash value of the trade-in. You must then return the goods.

To terminate, you must give notice of termination at the address in this Agreement. You must give notice of termination by a method that will allow you to prove that you gave notice, including registered mail, fax or by personal delivery.

## SIGNATURE.....

By signing this Agreement, you give USANA consent to contact you by telephone, facsimile transmission, email, or text, concerning your independent USANA distributorship, your Associate Agreement, and any related USANA matter.

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Applicant Signature

Date

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Co-Applicant Signature

Date