AMSOIL INC.

AMSOIL e-Doc

REGISTRATION APPLICATION

(for the United States and Puerto Rico)

AMSOIL BUILDING • SUPERIOR, WI 54880

Complete Parts A and B, then select and complete Option #1 (Preferred Customer) or Option #2 (Dealership).

Part A SPONSOR INFORMATION (To be completed by Sponsor)

SPONSOR Z.O. NO. 1127668

NAME (Last, First) Rudolf, Bob

Part B APPLICANT INFORMATION (To be completed by Preferred Customer or Dealer)

NAME (Last, First, Initial)

SPOUSE (First, Initial)

PHONE NO. | | | - | | | - | | | |

STREET ADDRESS

E-MAIL

CITY

STATE

ZIP CODE

Option #1 ☐ CHECK HERE FOR PREFERRED CUSTOMER OPTION

(No signature required for Option #1)

As a preferred customer you are entitled to purchase AMSOIL products at wholesale prices. You are not signing up for the business opportunity at this time, but will have the ability to upgrade your membership status at any time in order to sell AMSOIL products, establish commercial and retail accounts and earn commissions.

_____ $10 for a six-month trial Preferred Customer membership and starter Kit.

_____ $20 for a twelve-month regular Preferred Customer membership Starter Kit.

Mail in this application with a check or fax to 715-392-5225 or call 800-777-7094 for payment with Visa, MasterCard or Discover Card. Allow up to five business days to activate account and sufficient mailing time for your starter kit to arrive.

Enclosed Check #_____ for $_____

Visa/Discover/MasterCard #_____

Expiration Date #_____

(Signed Uniform Sales and Use Tax Certificate Form Must Be Attached if Applicable.) RESALE TAX NO.

Option #2 ☐ CHECK HERE FOR DEALERSHIP OPTION

(Dealership Option Application must be mailed. DO NOT FAX.)

As an AMSOIL Dealer you are entitled to sell AMSOIL products, establish commercial and retail accounts and earn commissions.

SOCIAL SECURITY NO. | | | - | | - | | | |

SPOUSE'S SOCIAL SECURITY NO. | | | - | | - | | | |

DATE OF BIRTH | | - | | - | | |

OCCUPATION

RESALE TAX NO.

THIS AMSOIL BUSINESS SHALL BE OWNED AS: ☐ A SOLE PROPRIETOR ☐ HUSBAND/WIFE JOINTLY

(Signed Uniform Sales and Use Tax Certificate Must Be Attached if Applicable.)

Select One: (Costs include tax, freight and handling)

_____ $15 for a six-month trial Dealer registration and Starter Kit

_____ $30 for a twelve-month regular registration and Starter Kit

_____ $65 for a twelve-month registration and Business Manual

Optional: ____ $30 for a G-1312 Literature Pack

Starter Kits, Business Manuals and Literature Packs will be sent to you by AMSOIL INC.

Enclosed Check #_____ for $_____

Visa/Discover/MasterCard #_____

Expiration Date #_____

As a new Dealer, I understand and agree that:

1. I am of the age of majority in the state in which I reside when I apply for appointment as a Dealer of AMSOIL products. Upon acceptance of this application by AMSOIL, I will be an independent Dealer responsible for my own business and not an employee of AMSOIL INC. I will not be treated as an employee in regard to any laws covering employees including but not limited to the Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act and income tax withholding at source. It is my responsibility to pay self-employment, state and federal income taxes as required by law.

2. I understand that the registration fee entitles me to indemnification in the event of damages resulting from the failure of AMSOIL products to perform properly when used according to the manufacturer's recommendations. It also entitles me to a subscription to *ACTION NEWS,* the AMSOIL official company publication. AMSOIL Dealers who wish to continue their Dealerships must apply to renew their Dealership status.

3. **This agreement may be cancelled at any time.** Upon written notification of cancellation or termination, AMSOIL INC. will repurchase inventory and refund fees in accordance with the policies stated in the AMSOIL MULTI-LEVEL MARKETING SALES PLAN.

4. No purchase is necessary to become an AMSOIL Dealer other than the purchase of a Starter Kit or Business Manual which is sold at company cost.

5. In a separate attachment hereto, I have described any litigation in which I am presently involved or previously have been involved.

6. **Upon receipt of the Starter Kit or Business Manual, I will carefully review the policies as set forth in the AMSOIL MULTI-LEVEL MARKETING SALES PLAN and acknowledge that they are incorporated as part of this agreement in their present form and as modified from time to time by AMSOIL.** AMSOIL, at its discretion, with notification to the Dealers may amend the MULTI-LEVEL MARKETING SALES PLAN and terms of this agreement.

7. This Dealership may be revoked if fail to comply with the policies of the AMSOIL MULTI-LEVEL MARKETING SALES PLAN.

8. AMSOIL reserves the right to accept or reject any application.

9. This Sales Plan shall be governed by the laws of the State of Delaware.

X _____

Applicant's Signature **Date**

X _____

Spouse's Signature (if held jointly)