

## Flint River Ranch Distributor Application

Federal ID# or SS# (official tax number): \_\_\_\_\_ Resale Tax #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Associate ID# Assigned: \_\_\_\_\_

**Sponsor: Zorina Bennett    Sponsor ID# 509X**  
**Sponsor Telephone/Fax: 714-739-1863**

### **DISTRIBUTOR APPLICATION AGREEMENT**

My signature below indicates that I am of legal age and I have read, accept, and agree to all the Terms and Conditions regarding Privileges as outlined in this agreement.

1. I state and affirm that I am acting as a free agent and independent contractor, holding myself out to the General Public as an independent contractor for other work or contracts as I see fit. I am not an employee of FLINT RIVER RANCH, or any subsidiaries, and will operate as an independent contractor fully responsible for my own expenses; FLINT RIVER RANCH will not be held responsible for any claims on behalf of FLINT RIVER RANCH other than those set forth in FLINT RIVER RANCH literature.
2. I realize that I must abide by all Federal, State and Local laws pertaining to self-employment and the marketing of company products, including any taxes due and payable to any of the above.
3. I understand that there is no expense to initiate an Associate Agreement. I will effectuate and promote the sale of FLINT RIVER RANCH products on a continuing basis.
4. I understand this agreement can be terminated at any time upon mailing written notice to FLINT RIVER RANCH. This agreement shall automatically end on the 1st day of July each year, unless renewed by Associate and FLINT RIVER RANCH in accordance with the then existing Marketing Plan and Policies and Procedures made part of this Agreement by reference.
5. The FLINT RIVER RANCH Policy and Procedures provide for transfer and assignment of this Agreement.

The situs of this Agreement is California.

Signature of Applicant/Associate

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Directions:

1. Fax the application to 714-739-1863
2. Mail the original to: FLINT RIVER RANCH, 11243 Columbia Avenue, B7, Riverside, CA 92507

Thank you and I look forward to working with you!