Business Entity Application
livethesource® (LTS)

If you are applying to become a Distributor of **livethesource®** using any business other than a sole proprietorship, this form must be completed and submitted with your Distributor Application and Agreement of **livethesource®.** This Application is incorporated into your Distributor Agreement. Any intentional misrepresentation of information on this form is grounds for disciplinary action.

Regardless of the type of Distributor business entity, each partner, director, shareholder, member, trustee, employee or other individual affiliated with the business entity shall be responsible for complying with the **livethesource®** Policies and Procedures. Any violation by any one individual shall be grounds for disciplinary action against the entity.

Distributor Information

Federal Tax ID Number of Applicant Entity

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Name of Corporation, Partnership, Trust		
Contact Person	(Title)	
Street Address	Suite No.	P.O. Box
City	State	Zip
Phone Number	Fax Number	E-Mail

1. Type of business entity (check one):
   - ☐ Proprietorship doing business under an assumed name
   - ☐ Corporation
   - ☐ Partnership
   - ☐ Trust

2. Transfer of ownership interests in **livethesource®** business by an entity are subject to **livethesource®** Company Policies and Procedures. See **livethesource®** Policies and procedures for a description of the Transfer Policy.

3. Sponsor Name: _____ Sponsor ID#: _____

Please Type or Print Legibly

livethesource®
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