



Partnerships

livethesource® (LTS)

If you are applying as a partnership, please complete the following:

a. Name of Partnership:

b. We, the undersigned Partners of _____
(name of partnership), have formed this Partnership under an agreement dated _____
for the purpose of conducting business as **livethesource®** Independent
Distributor(s). We certify that the names, Social Security Numbers, addresses and
phone numbers of the partners in this Partnership are as follows:

Use additional pages if necessary.

Name of Managing Partner (Please Print)		Title/Position	
Address: Street	City	State	Zip Code
SSN:	Phone Number:		
Name of Partner (Please Print)			
SSN:	Phone Number:		

Each partner is authorized to sign any document necessary to conduct business with **livethesource®**, and is liable for all contracts entered into with **livethesource®** by the Partnership both jointly and severally. Each partner acknowledges that, in addition to the obligations and responsibilities of the Partnership, they are personally and individually bound to, and must comply with, the terms and conditions of **livethesource®** Distributor Application and Agreement, Policies and Procedures, and the Marketing and Compensation Plan.

Partner's Signatures	SSN#	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Type or Print Legibly

livethesource®

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