

# Associate Distributor Agreement

**Scent-Sations, Inc**  
 1 George Ave.  
 Wilkes-Barre, PA 18705  
 Voice: (570)270-9010  
 Fax: (570)270-9012  
 Order Line: (866)207-2368

## Member Information

Name (your name or company)		Social Security Number or Federal EIN Number	
Person to Contact (if using a company name)	Phone Number	Email Address	
Mailing Address	City	State	Zip
Shipping Address (if different)	City	State	Zip

Sponsor	Phone Number	ID Number
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### Payment Method

Credit or Debit Card: Type:  Visa  M/C  Discover  American Express

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ - \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

Yes, I would like to purchase a sample case for \$156.00 +s/h ((12) 16oz. Jar candles of our most popular fragrances)

**\*Note: Credit card information is suggested even if not purchasing the sample case. This is so we have it on file for future orders.**

## Program Description

**Associate Distributor.** The Associate Distributor program allows anyone to purchase candles and other products at the associate distributor wholesale price for resale purposes. There is no obligation to purchase products on a monthly basis. The associate distributor wholesale price is approximately 30% more than the normal wholesale price, which is offered to Candle of the Month Club Members.

## Agreement

1. As an Associate Distributor, I can quit at any time by submitting a signed, written request to Scent-Sations, Inc.
2. As an Associate Distributor, I acknowledge that I may switch to the Candle of the Month Program only once within a year.
3. As an Associate Distributor, I acknowledge that I am eligible to receive commissions on any distributor, Associate or COTM, whom I personally sponsor on my first level of 5% of their commissionable volume as long as I have an active volume for said month of \$39.95 C.V.
4. I hereby acknowledge that I have read the entire agreement on the reverse side of this Representative Application and agree to keep and perform faithfully all terms and covenants therein and will abide by all provisions of the Policies and Procedures of Scent-Sations, Inc.
5. I shall become an Independent Distributor upon acceptance of this application by Scent-Sations, Inc. As a Distributor, I shall have the right to purchase and sell products offered by Scent-Sations, Inc. in accordance with and subject to all provisions of this Independent Distributor Agreement.
6. Scent-Sations, Inc. has the right to amend this agreement and the terms and conditions at any time.

*See Back for Additional Terms & Conditions*

Signature \_\_\_\_\_ Date \_\_\_\_\_

