Independent Representative Agreement

5204 South Procyon Ave, Las Vegas, NV 89118
Office 702-597-5015 Fax 702-597-5094

Complete the Agreement to enroll as an Allegre Independent Representative. If you are not already enrolled as a preferred customer, you must also complete the Allegre Preferred Customer Agreement and attach it to this Independent Representative Agreement.

1 New Independent Representative (Please Print) (As it should appear on commission and bonus check)

Last Name	First Name	Middle Initial	Social Security Number
Spouse (If Applicable)			Social Security Number
Residence Address (For UPS Delivery)	City	State	Zip
Mailing Address (If Different)	City	State	Zip
Business Telephone ( )	Home Telephone ( )	Fax ( )	Cell/Pager ( )

☐ **Email**

2 New Independent Representative Sponsor Information (Please Print)

Last Name (Or Corporate Name)	First Name	Middle Initial	ID #	Telephone
			77-	( )

3 New Independent Representative Account Information (Please Print)

Send me my Allegre Business Kit!

The cost to enroll as an Independent Representative is **$29.00, plus $8.00 shipping and handling.** The enrollment fee also includes the cost of my enrollment as a Preferred Customer. You'll receive an Allegre Business kit which contains the policy and procedures of the company as well as other literature and pertinent information.

Payment made by Personal Check, Money Order Certified Check, or

☐ **Charge my account as listed on my Customer Agreement Form**

Credit Card* (Payment to be made to Allegre)

Visa Mastercard American Express Discover
(circle one)

Credit Card Account Number:

Expiration Date:

_____/_____

☐ **I have enclosed a check in the amount of $_____**

4 Signature

I understand I am not an Allegre Independent Representative until:

1. Allegre has received and accepted this agreement.
2. I have Customers or Independent Representatives within my Marketing Organization
   and
3. I have received my first commission check.

By signing this form I apply to become an Allegre Independent Representative.

BY SIGNING BELOW I ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OLD AND I HAVE CAREFULLY READ AND AGREE TO THE ALLEGRE INDEPENDENT REPRESENTATIVE TERMS AND CONDITIONS ON THE FRONT AND BACK OF THIS AGREEMENT.

X _____
Applicant's Signature (this Allegre Agreement is not valid unless signed.)

X _____
Spouse Signature (if applicable)

Date: _____

I may cancel this agreement for any reason, at any time, by giving written notice to Allegre bearing my original signature, printed name, address and Customer number. Written cancellations will be effective upon receipt by Allegre. Cancellation notices must be mailed to: Allegre, 5204 South Procyon Ave., Las Vegas, NV 89118. Emailed or faxed cancellations cannot be accepted.

The Allegre Corporation 2003

Original-Corporate Two-Sponsor Three-Applicant