

## Distributorship Application Supplement For Corporations and Business Entities



1201 N. 800 E., Orem, UT 84097

Customer Service 1-800-864-2489 Fax 1-800-226-6232

This form should be submitted to Unicity with an Associate Distributorship Application/Agreement. This form may be faxed with a completed Associate Distributorship Application/Agreement to Client Care at 1-604-574-7884. Other Application Supplements are available for Partnerships and Trusts.

	Name of Corporation	or Business Entity
Province of Incorporation or Re	egistration Date of Incorporation	or Registration (MM/DD/YYYY)
Name of Registered Agent		
Address of Registered Agent		
City	Province	Postal Code
Name of Principal Shareholder	and Contact	
· 		varrant that I am a duly authorized officer of
	hereby certify and w	
	hereby certify and w	I am the principal shareholder of the Company and that the
Company is in good stand	hereby certify and w (the "Company"). I certify that ing in the Province of	I am the principal shareholder of the Company and that the
Company is in good stand Corporation nor any of its Sh Unicity Distributorship. I und	hereby certify and w (the "Company"). I certify that ing in the Province of hareholders, Officers, Directors, or Emderstand that neither I nor the Comp	I am the principal shareholder of the Company and that the
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Company is in good stand Corporation nor any of its Sh Unicity Distributorship. I und Interest in and to the Distribu	hereby certify and w (the "Company"). I certify that ing in the Province of hareholders, Officers, Directors, or Emderstand that neither I nor the Computorship without the express written co	varrant that I am a duly authorized officer of I am the principal shareholder of the Company and that the I warrant that neither the aployees acts on behalf of or holds a beneficial interest in any pany may sell, transfer, convey, or otherwise distribute any ensent of Unicity, and I further understand that Unicity may, in ist of the Officers, Directors, Shareholders, and information