



BUSINESS ENTITY APPLICATION

Neways, Inc. • 2089 Neways Drive • Springville, UT 84663 • Phone 801.418.2702 • Fax 800.799.5656

Photocopy, fill out, and send. Retain the blank original for future use.

DISTRIBUTOR INFORMATION:

PLEASE PRINT

FEDERAL TAX ID NUMBER OF APPLICANT _____

NAME OF CORPORATION, PARTNERSHIP, TRUST, OR DBA _____

STREET ADDRESS _____

SUITE NO. _____

P.O. BOX (if applicable) _____

CITY _____

STATE _____

ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL _____

1. Type of business entity (check one) :

- Proprietorship doing business under an assumed name (Complete Section 4)
- Corporation (Complete Section 5)
- Partnership (Complete Section 6)
- Trust (Complete Section 7)
- Other (Please Explain)

2. Transfer of ownership interests in a Neways business by an entity are governed by Policy 4.26 in Neways' Policies and Procedures.

3. Sponsor Information

Name _____ Identification Number _____

PLEASE TYPE OR PRINT LEGIBLY



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(Continued)

SECTION 4: ASSUMED NAMES

4. If you are applying as a proprietorship operating under an assumed name, please complete the following:

I (we) hereby apply for a Neways independent business using the name:

The undersigned acknowledge that each is authorized to sign any document necessary to conduct business with Neways, and is liable for all contracts entered into with Neways jointly and severally. Each acknowledges that he/she is personally and individually bound to and must comply with the terms and conditions of the Neways Distributor Application and Agreement, Policies and Procedures, and the Compensation Plan.

Name of Owner (printed): _____ Signature _____

Social Security Number: _____

Name of Owner (printed): _____ Signature _____

Social Security Number: _____

Name of Owner (printed): _____ Signature _____

Social Security Number: _____

Name of Owner (printed): _____ Signature _____

Social Security Number: _____

Name of Owner (printed): _____ Signature _____

Social Security Number: _____

Name of Owner (printed): _____ Signature _____

Social Security Number: _____

Use Additional Pages if Necessary.

All Owners Must Sign and Provide their Social Security Number.



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SECTION 5: CORPORATIONS

5. If you are applying for a distributorship as a corporation, please complete the following:

A. Name of Corporation: _____

B. State of Incorporation: _____

C. List the following information for all shareholders, directors, and officers.

Use Additional Pages if Necessary.

Name: _____ SSN: _____

Address: _____

Title/Position: _____ Phone Number: _____

Name: _____ SSN: _____

Address: _____

Title/Position: _____ Phone Number: _____

Name: _____ SSN: _____

Address: _____

Title/Position: _____ Phone Number: _____

Resolved that _____ (name of corporation) is authorized to enter into Neways Independent Distributor Application and Agreement with Neways and to execute any and all documents necessary to conduct business with Neways. We certify that this resolution was adopted by the Board of Directors of _____ (name of corporation) on _____ (date) at a meeting of the Directors properly called, and shall continue in effect until rescinded by resolution duly adopted by the Board of Directors of this corporation, notice of which shall be signed by the President of this Corporation and provided to Neways. Each shareholder, director, and officer acknowledges that, in addition to the obligations and responsibilities of the corporation, they are personally and individually bound to and must comply with the terms and conditions of the Neways Distributor Application and Agreement, Policies and Procedures, and the Compensation Plan.

{Corporate Seal}

President

Secretary

ATTACH A TRUE AND CORRECT COPY OF THE ARTICLES OF INCORPORATION WHICH WERE FILED WITH THE STATE IN WHICH THE CORPORATION IS ORGANIZED



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SECTION 6: PARTNERSHIP

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

A. Name of Partnership: _____

We hereby apply for a Neways independent business using the name:

We, the undersigned partners of _____ (name of partnership), have formed this partnership under an agreement dated _____ for the purpose of conducting business as a Neways Independent Distributor. 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 Partner: _____ SSN: _____

Address: _____ Phone No.: _____

Name of Partner: _____ SSN: _____

Address: _____ Phone No.: _____

Name of Partner: _____ SSN: _____

Address: _____ Phone No.: _____

Name of Partner: _____ SSN: _____

Address: _____ Phone No.: _____

Each partner is authorized to sign any document necessary to conduct business with Neways, and is liable for all contracts entered into with Neways by the partnership both jointly and severally. Each partner acknowledges that, in addition to the obligations and responsibilities of the partnership, he/she is personally and individually bound to and must comply with the terms and conditions of the Neways Distributor Application and Agreement, Policies and Procedures, and the Compensation Plan.

Partner's Signatures: _____ Date: _____

Partner's Signatures: _____ Date: _____

Partner's Signatures: _____ Date: _____

Partner's Signatures: _____ Date: _____

ATTACH A TRUE AND CORRECT COPY OF THE PARTNERSHIP AGREEMENT



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SECTION 7: TRUSTS

7. If you are applying as a trust, please complete the following:

A. Name of Trust: _____

List the following information for all trustees.

Use Additional Pages if Necessary.

Name of Trustee: _____ SSN: _____

Address: _____ Phone No.: _____

Name of Trustee: _____ SSN: _____

Address: _____ Phone No.: _____

Name of Trustee: _____ SSN: _____

Address: _____ Phone No.: _____

Name of Trustee: _____ SSN: _____

Address: _____ Phone No.: _____

I/We certify that I/we am/are the trustee(s) of the above-described trust created on _____ .

I/We certify that I/we am/are authorized to enter into the Distributor Agreement with Neways and to sign any documents necessary to do business as a Neways Independent Distributor. Each trustee acknowledges that, in addition to the obligations and responsibilities of the partnership, he/she is personally and individually bound to and must comply with the terms and conditions of the Neways Distributor Application and Agreement, Policies and Procedures, and the Compensation Plan.

Name of Trustee (printed): _____ Signature: _____

Name of Trustee (printed): _____ Signature: _____

Name of Trustee (printed): _____ Signature: _____

Name of Trustee (printed): _____ Signature: _____

ATTACH A TRUE AND CORRECT COPY OF THE TRUST DOCUMENT