

Please fill in ALL information to avoid delay in processing

MILITARY APPLICATION & AGREEMENT		
Last Name	First Name	Middle Initial
Physical Address (no PO Box)		
City	State	Zip Code
Home Telephone Number Including Area Code	Applicant's Social Security Number	Requested Internet Password (Minimum of 8 characters, 1 capital letter and 1 symbol)
Alternate Telephone Number Including Area Code	Date of Birth (Month/Day/Year)	Email Address
Military Branch of Service*	Name of JE Consultant enrolling under	

I certify that I am:

Active Military Spouse
 Active Military*
 Retired Military
 Retired Military Spouse
 Military Veteran
 Spouse of Veteran

*Active duty military – your signature on this form verifies you have checked with proper channels and have permission to have a second job. We respectfully ask that you make every effort to keep your Jordan Essentials affiliation separate from your military career

ENROLLMENT INCLUDES

YOUR ENROLLMENT INCLUDES:

- 25% Commissions
- Unlimited access to business tracking and ordering
- Unlimited access to training website
- Learn about our naturally based products
- Eligibility to participate in all programs/trips and commissions
- Appreciation Military Lotion Bar, current catalog, and Membership
- Option to purchase a New Consultant Kit within 90 days of enrollment
- Application
- 3 month subscription to your Technology & Marketing Monthly Bundle*



WEB FEE

(Web fee after 3 months will be charged to the credit card on file for \$10 unless cancelled.)

CARD # ____ - ____ - ____ - ____	EXPIRATION DATE ____ / ____ 3 DIGIT SECURITY CODE ____	CARDHOLDER AS SHOWN ON CARD
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Independent Consultant Term Agreement (PLEASE READ AND SIGN)

I agree to terms listed on the back of this agreement.

Mail the completed, signed original Application & Agreement to:

Jordan Essentials Attention: Military Appreciation

PO Box 635

Nixa, MO 65714

Or Fax to 417-449-0027

Please show your Military ID to your Consultant for verification. DO NOT send a photocopy of your ID card to any Jordan Essentials Independent Consultant or Jordan Essentials Corporate Office.

APPLICANT'S SIGNATURE _____

DATE _____