

### STEP 1

#### Get Started

**As a Preferred Customer of dōTERRA, you are required to pay a one-time enrollment fee of \$10.00.**

Additional Product (OPTIONAL)	Item Code	Price	Qty.	Total
<input type="checkbox"/> Lemon 15 ml	3012	\$11.00	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Lavender 15 ml	3011	\$23.10	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Peppermint 15 ml	3019	\$22.55	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> On Guard 15 ml	3110	\$35.20	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Serenity 15 ml	3109	\$33.00	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Lifelong Wellness Pack	3414	\$130.35	<input type="text"/>	<input type="text"/>

**Preferred Customer Fee Total \$10.00**

**Sub Total**

(Sales tax and shipping will be calculated by dōTERRA) **Tax**

**TOTAL**

### STEP 2

#### Select a monthly AutoShip (Optional)

Qty.	AutoShip Suggestions	Price	PV
<input type="text"/>	Lifelong Wellness 90 day ASR Pack (Alpha CRS, EO Mega, Multiplex VM) \$54.50 + \$5.00 x2 Promotional Fee	\$69.95	54.50
<input type="text"/>	Lifelong Wellness 90 day ASR Pack + Lavender, Lemon, Peppermint (All 15 ml)	\$127.60	106.00
<input type="text"/>	Essential Oil 5 Favorites ASR Kit: Lavender, Lemon, Melaleuca, On Guard, Peppermint (All 15 ml)	\$112.00	102.50
<input type="text"/>	Other: _____	\$ _____	_____

Ship to address below or  Hold for pick-up at Orem will call

Your AutoShip will begin the month following your enrollment.

5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup>

### STEP 3

#### Fill in Personal Information

Applicant Name		Shipping Address <input type="checkbox"/> Same as Billing Address	
Co-Applicant Name (if applicable)		City, State, Zip	
Company Name (requires business application addendum, if applicable)		Primary Phone	
Email Address		Mobile Phone	
Billing Address		Date of Birth	
City, State, Zip		Co-Applicant Date of Birth	
Enrolling Sponsor		Placement Sponsor (if different)	
Phone No. or IPC No.		Phone No. or IPC No.	
Credit Card No.	Verification Code	Expiration Date	<input type="checkbox"/> Check <input type="checkbox"/> Cash
Name as it appears on CC		Would you like this card to remain on file with dōTERRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### STEP 4

#### Sign

Yes! I want to be a dōTERRA United States, LLC Preferred Customer (PC). Please charge my payment method for the items and programs requested above. I understand that to become a dōTERRA Independent Product Consultant (IPC), I must submit an IPC Agreement and purchase a starter kit. I am aware that as a PC I cannot participate in the dōTERRA Compensation Plan, enroll other individuals in dōTERRA, receive IPC pricing, or sell dōTERRA products. I also agree that dōTERRA may in its sole discretion amend the terms of this Preferred Customer Agreement and that I will be bound by any such modifications if I wish to keep my PC account. dōTERRA will publish any amendment in dōTERRA's official literature and on dōTERRA's website.

Applicant Signature

Co-Applicant Signature

Date