



# VIP APPLICATION

3525 W. Cheyenne Ave., Suite 109  
 North Las Vegas, NV 89032  
 Phone: (702) 880-LIFE (5433)  
 Toll Free Fax: (866) 595-1664  
 email: usasupport@clubsparkle.com  
 www.clubsparkle.com



USA

Date: \_\_\_\_\_

## Section A: Contact Information (Please print clearly! Unclear or incomplete information may delay processing of the Application.)

Applicant's Name (First, Middle, Last)		Business Name (if applicable)		Social Security #	Tax ID # (if applicable)	Birthdate (Mo/Day/Year)
Applicant's Street Address (for receiving shipments – cannot be a PO BOX)				City	State, Zip Code	
Phone #	Mobile Phone #	E-Mail Address			<input type="checkbox"/> Male <input type="checkbox"/> Female	

## Section B: Referrer

Referrer Name (Person who referred you)		Referrer ID #
*If you wish to be placed in a specific position, please fill in this section. Otherwise, your position will be auto-placed. A placement change will only be allowed if the request is made according to the term listed in Section E.		
Name of Direct Upper Position	ID # of Direct Upper Position	Placement Location - <i>Optional</i> <input type="checkbox"/> Team A OR <input type="checkbox"/> Team B

## Section C: Place your FIRST ORDER - Simply choose a package. Minimum 32,000 points.

	Check	Packages	Qty.	VIP Member	VIP Points	
CHOOSE A PACK	<input type="checkbox"/>	<b>PreLaunch Pack A</b>   1 Nectura, 1 EverYoung, 1 Ion5 (pack of 2), 1 Shine		\$325.00	32,000	*A minimum of 32,000 VIP Points is required for your First Order. <b>Best Value: 2,600 VIP Point Bonus!</b>
	<input type="checkbox"/>	<b>PreLaunch Pack B</b>   2 Nectura, 2 EverYoung, 2 Ion5 (pack of 2) 1 Shine, 1 Skin Perfector, 1 Finishing Glow, 2 Beauty Control Brushes		\$775.00	<del>72,400</del> 75,000	
CREATE YOUR OWN PACK	<input type="checkbox"/>	<b>Nectura</b>		\$85.00	8,000	<b>Instructions:</b> <b>A)</b> Place a check mark next to your selections. <b>B)</b> Insert a Quantity. <b>C)</b> Add up Subtotal, Tax (for NV Residents only), Membership Fee and Shipping  <b>VIP Points:</b> Each Pack/Product has a VIP Point value in which all bonuses are calculated.  <b>Minimum Points Order:</b> A minimum monthly order of <b>7,000 points</b> is required to keep your Membership active and to earn referral bonuses.  A minimum monthly order of <b>14,000 points</b> ensures maximum earning potential.  <div style="border: 1px solid black; padding: 5px;"> <b>TAX on NV residents only</b>            Sparkle will charge sales tax on products that are taxable in my county and state, unless I provide a Resale License.         </div> As a Sparkle VIP, you will receive an exclusive URL to share Sparkle with others.
	<input type="checkbox"/>	<b>EverYoung</b>		\$80.00	8,000	
	<input type="checkbox"/>	<b>Ion5 (Pack of 2)</b>		\$80.00	8,000	
	<input type="checkbox"/>	<b>Shine</b>		\$80.00	8,000	
	<input type="checkbox"/>	<b>Halo</b>		\$255.00	26,000	
	<input type="checkbox"/>	<b>Angel Silk - Skin Perfector</b>		\$55.00	4,400	
	<input type="checkbox"/>	<b>Angel Silk - Finishing Glow</b>		\$50.00	4,000	
	<input type="checkbox"/>	<b>Beauty Control Brush</b>		\$50.00	4,000	
		Subtotal				
		Sales Tax _____% (Nevada residents only)				
		Membership Fee		\$30		
		Shipping & Handling (Free with a 32,000 minimum VIP Point order)		<del>-\$15</del>		
		<b>TOTAL</b>				

## Section D: Payment Method

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Card Number:
Cardholder's Name:	Exp Date: Month _____ / Year _____
Billing address (if different than above):	Card ID #:
I hereby authorize Club Sparkle to debit my credit card above as payment for my order.	

## Section E: Independent Member Agreement

Please accept my application to become a Sparkle Member (VIP). As a Member, I agree to abide by the terms of this Agreement and Sparkle Policies & Procedures and Referral Program.

I certify that: 1. I am at least 18 years old. 2. I am an Independent Contractor and I am responsible for all taxes resulting from my Sparkle Membership. 3. My relationship to Sparkle is not one of employment, joint venture or partnership. 4. I understand that Sparkle withholds no state or federal withholdings from commission checks. Sparkle will supply me with an IRS form 1099 yearly for referral earnings. 5. I understand the annual renewal fee is \$30 and will be automatically renewed upon expiration unless canceled with a 15 day notice. 6. I understand I am not a Sparkle Member until a signed Agreement is accepted. 7. I agree to support and train Members I refer to Sparkle. 8. You may change your placement in Section B only if: a) The original enroller agrees with the change; and b) the request is made within 24 hours and in the same pay period of registration. 9. I agree not to purchase products solely for the purpose of qualifying in the Sparkle Referral Program, and to sell, consume or gift at least 70% of all previously purchased products before reordering. 10. I understand that I am not guaranteed any income or profits. I certify that neither Sparkle, my Referrer, nor any other person has guaranteed me any level of success resulting from my efforts as a Member. 11. Sparkle only warrants that its product will meet the specifications on its product labels. Product pricing is subject to increase with enhanced packaging, formulations or other circumstances. 12. Sparkle shall not be liable for incidental damages, or any losses for breach of any warranties or any other agreement between Sparkle and the applicant(s). 13. My violation of any terms of this Agreement or Policies & Procedures may result in the suspension or termination of my Membership. 14. This Agreement will be governed by the laws, venue and jurisdiction of the state of Nevada, unless the laws of the state in which I reside expressly prohibit consensual jurisdiction, in which case its laws shall govern. Any controversy or claim arising out of, or related to, this Agreement, shall be settled by arbitration in Las Vegas, NV in accordance with the rules of the American Arbitration Association.

Applicant's Signature: _____	Date: _____
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<b>Admin use only</b>	Sparkle ID # _____	Order # _____	Admin: _____	(For official use only)
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# MONTHLY AUTOSHIP

3525 W. Cheyenne Ave., Suite 109  
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USA

Name: \_\_\_\_\_

## Section F: Set up your MONTHLY AUTOSHIP

Check	Products	Qty.	VIP Member	VIP Points
<input type="checkbox"/>	Nectura		\$75.00	7,000
<input type="checkbox"/>	EverYoung		\$70.00	7,000
<input type="checkbox"/>	Ion5 (Pack of 2)		\$70.00	7,000
<input type="checkbox"/>	Shine		\$75.00	7,500
<input type="checkbox"/>	Halo		\$245.00	25,000
<input type="checkbox"/>	Angel Silk - Skin Perfector		\$50.00	4,000
<input type="checkbox"/>	Angel Silk - Finishing Glow		\$45.00	3,600
<input type="checkbox"/>	Beauty Control Brush		\$45.00	3,600
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

### Instructions:

- A) Place a check mark next to your selections.
- B) Insert a quantity.
- C) Add up Subtotal, tax (for NV only), S&H

### VIP Points

Each product has a VIP Point value in which all bonuses are calculated.

### Minimum Points Order:

A minimum monthly order of **7,000 points** is required to keep your Membership active and to earn referral bonuses.

A minimum monthly order of **14,000 points** ensures maximum earning potential.

### TAX on NV residents only

Sparkle will charge sales tax on products that are taxable in my county and state, unless I provide a Resale License.

Subtotal			
Sales Tax _____ % (Nevada residents only)			
Shipping & Handling		\$12.00	
<b>TOTAL</b>			

## Section G: Autoship Payment Method

Use Same Payment Method in Section D  Other Method:  VISA  MasterCard  AMEX

Card Number:	Exp Date: Month _____ / Year _____
Cardholder's Name:	Card ID #:
Billing address (if different than above)	

Autoship Start Date	Autoship Billing Day
1st - 7th	1st of each month
8th - 14th	8th of each month
15th - 21st	15th of each month
22nd - 31st	22nd of each month

Your Autoship will begin 30 days after your First Order.  
 Your Autoship Billing Day (the day your credit card will be charged) is determined by your Autoship Start Date.  
 Example: If you placed your First Order on the 5th of January, your Autoship billing day will be on the 1st of each month.

Autoship helps ensure that you will not run out of product, and your Membership remains active so you qualify for referral bonuses.

## Section H: Commission (Note: Providing your bank information is for the sole purpose of receiving commissions and bonuses you earn.)

Bank Name	Branch Name	Account Holder Name
<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account	Routing No.	Account No.

## Section I: Signature

### Terms & Conditions

I hereby authorize Sparkle to automatically debit my credit card each month as payment for my Autoship order. I understand that the Autoship Program is completely optional for my convenience and that I may change or cancel my Autoship at any time with 15 days advance written notice. I confirm that 70% of my previous product orders have already been consumed, and therefore, the purpose of this order is not to accumulate or maintain an excess stock of products. I authorize Sparkle to modify my Autoship order total should it be inaccurately calculated or require modification due to real time shipping rates or a change/discontinuation of a product. NV residents: Tax will be computed automatically and added to my charge.

Applicant Signature	Date
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### Notes

Admin use only Sparkle ID # \_\_\_\_\_ Order # \_\_\_\_\_ Admin: \_\_\_\_\_ (For official use only)