

Representative Agreement

915 W Hawthorn Drive • Itasca, IL 60143 • 1-630-762-1700 • signaturehomestyles.com

This Agreement is made this _____ day of _____, 20____, between Signature HomeStyles hereinafter called “Company,” an Illinois corporation and hereinafter called “Representative.”

Your Name

Last Name _____ First Name _____ Home Phone (_____) _____ - _____

Address _____ Work Phone (_____) _____ - _____

City _____ State _____ Zip _____ Mobile Phone (_____) _____ - _____

Alternate Shipping Address _____

City _____ State _____ Zip _____

Social Security Number _____ Birthday (month/day/year) _____

For access to “Members Only” section of the Company’s website, (www.signaturehomestyles.com) complete the information below. This information is secure. Please record it in a safe place.

Email Address _____

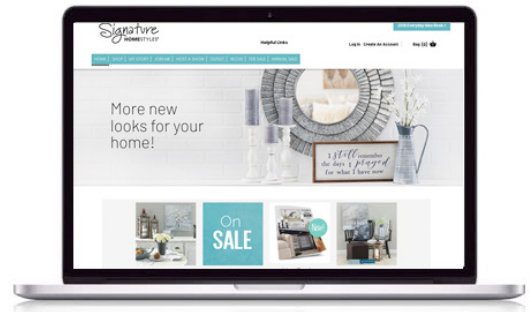
Password (maximum 15 characters, any combination of letters and numbers) _____

Sign up for a Website!

A Personal Website allows your Customers to shop, enroll and find you easily!

It’s easy! Choose a name that’s easy to remember. Your website name must not contain any spaces or special characters. Example below.

www.signaturehomestyles.biz/**YOURWEBSITENAME**



Your 1st month is Free! After the 1st month you’ll be charged \$14.95 plus tax per month for your Personal Website. If after your 30 day Free trial you want to cancel contact customer care at 1-630-762-1700, ext. 9

Standard ShowCase: \$198 \$ _____

\$99 ShowCase: \$99 \$ _____

Paper ShowCase: \$59

Personal Website: 1st month Free!

WEBSITE NAME _____

Coupon # _____

Shipping & Handling
(\$38 for Standard ShowCase, \$25 for \$99 ShowCase,
Paper ShowCase no shipping charge) = \$ _____

Subtotal = \$ _____

Applicable Sales Tax + \$ _____

Total Due = \$ _____

***Enrollments must be submitted online.
Online Enrollment can be accessed from a
Representative’s Personal Web Page,
Party Link or the Virtual Office.**

July 2020

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Method of Payment for my Showcase:

MasterCard Visa Discover American Express

Cardholder's Name _____ Date _____

Cardholder's Signature _____ Credit Card Number _____ Exp. Date _____

How did you find out about Signature HomeStyles? Idea Show Internet Fair/Craft Show Advertisement Other _____

GRAND OPENING SHOW

Your Grand Opening Show is the first Show of your new Signature HomeStyles business. Please indicate below the date you plan to have your Grand Opening Show.

Grand Opening Show date ____/____/____

ADDITIONAL SHOWS (If you have additional Shows, list them here):

Date	Host	City	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Terms and Conditions

I hereby apply for appointment as a Representative of AXA Limited, LLC dba Signature HomeStyles (the 'Company.')

I understand that I am an independent contractor and that I am not an employee, agent, partner, franchise holder, or legal representative of the Company. As an independent contractor, I am responsible for all self-employment taxes, income taxes and other filings required by law, and I am not covered by any state unemployment or Worker's Compensation Act. I will not be treated as an employee for federal and state tax purposes. I agree to use the Showcase to promote and sell Company products. I will conduct myself in a manner that will reflect the highest standards of integrity, honesty, and responsibility in keeping with the reputation of the Company. I agree to abide by all federal, state, and local taxes relating to my business. I agree to comply with the policies outlined in the Representative Business Guide and all other policies as currently published, and any future changes made to policies and published by the Company. I understand that failing to reflect these standards, abide by related laws, and comply with Company policies may result in my termination as a Representative. I agree to unlimited, non-compensatory use of my photographic likeness in the Company's promotional and marketing materials. I understand that I can return all marketable samples and supplies from the Showcase (at my own expense) and be reimbursed at the cash price paid by me less a 10% restocking fee, if I am dissatisfied with the program for any reason, within one year of the Showcase shipping date.

Applicant's Signature Date

Sponsor's Name (no signature required) Number

Leader's Name (no signature required)

