

INSTRUCTIONS FOR COMPLETING THE APPLICATIONS

Before signing any forms, please read the Team National Policies and Procedures.

1. Completing the forms:

- a. Read and sign the Benefit Package Agreement if you are purchasing a Team National Benefits Package.
- b. Read and sign the IMD agreement if you want to market Team National Benefits Packages.
- c. Read and sign the Disclosure agreement if you want to market Team National Benefits Packages.
- d. Read the “Rules and Regulations” page and initial at the bottom.
- e. Read and understand the Policies and Procedures.

2. Make sure the “HOST” and “PLACEMENT” lines are completely filled out on both forms.

3. There are two ways to submit your applications:

- a. If you are paying by cashier’s check or money order, mail the forms to:

**National Companies
Data Processing Center
8210 W. State Rd. 84
Davie, FL 33324**

- b. When sending a wire transfer, the following information must be on the wire receipt:

Account number that wire is being sent from	National Companies bank name
Name on the account	National Companies routing number
Name of bank it is being sent from	National Companies account number
Amount of wire	Applicant’s name
Federal Reserve Tracking Number (sometimes referred to as an IMAD number)	
Date of Wire	All information must be on verifiable bank form

- c. When sending in a deposit the following information must be on the receipt and cannot be written over:

Transaction Number	Time
Amount	Applicant’s Name
Date – Deposits older than 7 days from date on deposit receipt will not be accepted	
Copy of Cashier’s check or money order must accompany all deposit receipts	

4. Instructions for a wire transfer or Direct Deposit:

- a. When you go to your bank to order the wire transfer or direct deposit, provide them with the following information. This tells them where the money is being sent.

Bank Name:	Bank of America
Address:	5211 Sheridan Street, Hollywood, FL 33021
ABA Number:	0260-0959-3
Account Name:	National Companies, Inc/Commission Account
Account Number:	003446122358

TEAM NATIONAL APPLICATION FAX COVER SHEET

PLEASE FOLLOW THESE INSTRUCTIONS:

1. Please fill out this cover sheet clearly and completely to facilitate processing.
2. Fax applications / payoff & upgrades / wire confirmations or deposit slips before 5 P.M. E.S.T. on Friday to (954) 584-5996.
3. **Do not fax a check, it will not be accepted for that week's business.**
4. **The applications must be filled out completely, including host and placement lines,** otherwise the applications will be processed on the day the correction is received.
5. Copy this coversheet and distribute to all IMDs. It is available on www.tncreports.com

HELPFUL HINTS:

1. Wire or Direct Deposit Information:
Bank: Bank of America, 5211 Sheridan Street, Hollywood, FL 33021
ABA Number: 0260-0959-3
Account Name: National Companies, Inc. / Commission Account
Account #: 003446122358
2. A wire confirmation is a receipt for the request to wire, it must be on the bank's stationary or an official form. If you call it in, have them fax it to you, then you fax a copy to us with the applications.
3. Send only wire or deposit (which consist of copies of cashier's checks or money orders, copy of deposit receipt) funds for the week you are submitting applications.
4. The date the application is received by Team National is the enter date of the application, **it may not be changed.**
5. Print large and legibly on all applications with black ink, it will fax through clearly.
6. Program your fax to print a "Fax Transmission Verification Report", **Be sure to keep it!**
 This report may be requested in order to post your sales on the correct date.
7. Check your genealogy 48 hours later to make sure we received your fax.
 If you faxed after 3 P.M. EST on Friday, check your genealogy on Tuesday.
8. Please do not mail in the applications after faxing, file them for your records.
9. Make sure you are not faxing the document upside down, this is a common error.

SUBMITTERS NAME: _____ **SUBMITTERS PHONE #:** _____

PLEASE LIST THE APPLICATIONS YOU ARE FAXING

	First Name	Last Name	SSN#/ FID#	I.M.D. Agreement? Y/N	Financed? Y/N	Method of Payment Wire, Deposit, Credit Card	Amount Sent
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

_____ TOTAL OF PAGES SENT	TOTAL MUST EQUAL AMOUNT SENT = (TRIPLE CHECK YOUR TOTALS)	\$
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FILL THIS OUT, ONLY IF YOU WANT TO CANCEL

Three Day Right of Rescission
Cancellation Notice

Fax to: 954-584-5996 or
Mail to: Team National
8210 W. State Rd. 84
Davie, FL 33324

I, _____, hereby exercise my right to cancel this membership, by invoking my three day right of rescission. **To cancel this transaction, mail, fax, or deliver a signed and dated copy of this Cancellation Notice or any other written notice to the address or fax number above. I understand that my refund will be processed in ten days, as long as this is submitted or postmarked within three business days of the purchase of my membership.** After the three day right of rescission has past, no refunds will be processed.

Customer Signature Federal ID # or Social Security # Date

Street Address (_____) _____ - _____
Telephone

City State Zip Code

Host's Name _____ ID # _____ - _____ - _____

Rules and Regulations

1. I agree that as an Independent Contractor, I am responsible for my own actions. I acknowledge that my Independent Contractor business consists of services offered by myself and others and that my actions as an Independent Marketing Director (hereafter "IMD") reflect on the good name and reputation of Team National, Inc. (hereafter "Team National") and set an example for other IMDs.
2. I agree to indemnify and hold harmless Team National and its affiliates and all their respective employees, officers, and directors from and against any and all liability, claims, loss, expense or costs, including reasonable attorney's fees, which are incurred as a result of my acts or omissions or violations of this Agreement.
3. I agree that I am responsible for my own success. I acknowledge that no person or company has made any promise to me or has in any way assured me that I will be successful in my business as an Independent Contractor. I acknowledge that there are no guarantees of success within Team National. I acknowledge that the only success I will achieve will be as a result of my own efforts in retail sales and in the retail sales successes of those whom I may sponsor or host into the company.
4. I acknowledge that I am responsible for obtaining and maintaining all licenses and permits required for me to operate my Independent Contractor business.
5. I acknowledge that Team National shall issue, either in written, audio, or video format, certain policies and procedures, including these Rules and Regulations. I understand that changes to such policies and procedures may be required, and I agree that Team National reserves the right to make such changes. I agree that such policies and procedures become a part of this Agreement and that I must strictly abide by and comply with this Agreement and the Policies and Procedures issued by Team National as well as any applicable laws and regulations, all of which are incorporated into this Agreement by this reference
6. I acknowledge that Team National is not providing me with a place to work and that I am responsible for all costs of operating my business.
7. I acknowledge that I have the opportunity to earn commissions with Team National from my sales in accordance with the terms of these Rules and Regulations and the published Team National materials.
8. I acknowledge that I have not made any payment or purchase of any kind as a requirement to become an IMD of Team National, and I agree not to require any other person to make any payment or purchase of any kind to become an IMD of Team National.
9. I agree that I and all IMDs recruited by me are Independent Contractors and are solely responsible for determining the time, manner, and method of our efforts hereunder, in conformity with applicable law and our agreements with Team National. None of us are, nor shall be, deemed or treated as an agent, partner, officer, or employee of Team National or any of its affiliated entities. In all dealings with third parties, I will acknowledge that I have no authority to bind Team National or any of its affiliated entities. I acknowledge that for all purposes, including without limitation, the payment of all federal, state and local income taxes, withholding taxes, payroll taxes, workers compensation, fringe benefits, retirement plans, and for all other purposes, I will be treated as an Independent Contractor and Team National will not withhold any federal, payroll, state or local taxes from the remuneration to be paid to me. Because I am not an employee of Team National, I bear sole responsibility for arranging for the payment of all federal, state and local income taxes and social security taxes due on any remuneration paid to me.
10. I acknowledge that Team National has exclusive rights to the name "Team National" and to any trademarks, service marks, trade names, logos, slogans, or advertising matter used in connection with the business of Team National. I agree during the term of this Agreement to only use the trademarks in accordance with Team National Policies and Procedures and upon termination to immediately discontinue all use of the trademarks. I understand that I must follow the advertising guidelines found in the Team National Policies and Procedures to build my business.
11. I understand that Team National encourages each IMD to keep accurate sales records. I further understand that Team National program is predicated upon retail sales to the ultimate consumers; therefore, all forms of "stockpiling" or "pyramiding" are prohibited and under no circumstances will I engage in or encourage others to participate in stockpiling or pyramiding. I understand and agree that products and services are offered to IMDs only for sale to retail consumers. I acknowledge that I have been provided with the Policies and Procedures of Team National prior to the execution of the IMD Application/Agreement, and have carefully read each and every provision therein. I acknowledge that I have been given the opportunity to ask any questions regarding the said Policies and Procedures and that I have found them to be reasonable and agree to abide by them fully and completely. By my signature on the IMD Application/Agreement, I have adopted these Policies and Procedures as my own and understand that any violation of any of these provisions by me shall constitute a breach of our Agreement and grounds for termination.
12. I understand that I will receive a statement of all my commissions and overrides on a periodic basis. IT IS MY SOLE RESPONSIBILITY TO RAISE ANY OBJECTION TO ANY STATEMENT WITHIN THIRTY (30) DAYS OF RECEIPT OF EACH SUCH STATEMENT. In the event I do not provide written notice of such objection within thirty (30) days, I shall have waived any right to make a claim against Team National, or any related or affiliated entity, regarding the items and amounts shown on such statement.
13. Every covenant, term, and provision of this Agreement shall be construed simply according to its fair meaning and not strictly for or against any party. Except as otherwise provided for herein, this Agreement shall be binding upon and shall inure to the benefit of the respective heirs, executors, administrators, legal representatives and permitted successors and assigns of the parties hereto. This Agreement is personal in nature and I cannot assign my rights and obligations hereunder. The waiver by any party to this Agreement of a breach of any of the provisions of the Agreement shall not operate or be construed as a waiver of any subsequent breach or of any similar breach of any similar agreement. No waiver by any party to any similar agreement of a breach of any of the provisions of such similar agreement shall operate or be construed as a waiver of any similar breach of this Agreement. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions of this Agreement, and this Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted. Since important aspects of the performance of this Agreement will occur in the State of Florida, this Agreement shall be governed by and construed under the laws of the State of Florida. Notwithstanding the provision contained in the Policies and Procedures of Team National regarding arbitration, I understand that matters in dispute may arise requiring injunctive relief which are incapable of arbitration. In that event, I agree and acknowledge that in the event any litigation should be initiated by me, that the proper venue for this litigation shall be Broward County, Florida or the United States District Court for the Southern District of Florida. I agree that the exclusive forum for me to bring any action shall be an appropriate State or Federal Court within Florida, and I agree that proper jurisdiction of any such claim shall be exclusively within these said courts. This Agreement and the Rules and Regulations which are a part of this Agreement constitutes my entire agreement with Team National with respect to the subject matter of the Agreement and supersedes any prior agreements or understandings.
14. I represent and warrant that I have the authority to enter into this Agreement, and that by doing so I will not be in breach of any other agreement, oral or written, with any other company, agency, association, firm, person or corporation.
15. I agree that any lists of names, or name(s) of persons of any and all types, obtained from Team National during the operation of my independent business with Team National is proprietary information and the exclusive property of Team National and are to be used only with specific written permission from Team National. Any misuse, sale, sharing of, rental or lease of any such names or lists of names, during or after the term of this Agreement, shall be considered a breach of the Agreement and may result in the immediate termination of this Agreement and in the termination of all commissions and overrides to the IMD by Team National. Further, the violation of this regulation cannot be remedied by damages alone; therefore Team National can receive additional injunctive relief in a court of competent jurisdiction.
16. The covenants contained herein are material provisions without which Team National would not have agreed to enter into this Agreement or perform its obligations hereunder. I certify by my signature hereon that I have received, fully read and fully understand this Agreement in its entirety, including any addenda thereto, and that I have had ample opportunity, prior to execution of this Agreement, to consult with my own legal counsel respecting this Agreement and the subject matter hereof.

YOU MUST INITIAL HERE TO CONFIRM THAT YOU HAVE READ AND UNDERSTAND THESE RULES AND REGULATIONS: _____



Team National

8210 W. State Rd. 84, Davie, FL 33324
Phone: (800)-227-6030, (954)-584-2151; Fax: (954)-584-5996

DISCLOSURE OF POLICIES AND PROCEDURES

This form must accompany EVERY IMD Agreement; no exceptions will be made.

PLEASE PRINT LEGIBLY

This is your ID# until your card arrives

First Name	Middle Initial	Last Name	Social Security #
Business Entity (If Applicable)			Federal ID # (If Applicable)
Physical Address (no P.O. boxes please)		City	State
			Zip Code
Home Phone ()	Business Phone ()		Fax Phone ()
E-mail Address (This enrolls you in "News From The Top")			Date of Birth (Must be 18 or older)

Read the following statements carefully and acknowledge your understanding of these three Team National policies:

1. I understand I do not have to purchase a Membership to become an Independent Marketing Director (IMD) and participate in the optional Team National earnings program.

(Initial Here)

2. The 3-day right of cancellation has been explained to me. I have received my signed copies of the Membership Agreement (if purchasing a Membership) and/or Independent Marketing Director Agreement (if becoming an IMD), and this Disclosure form. I have either viewed *Your Road to Financial Freedom*, listened to *Take Control*, or attended an overview presentation.

(Initial Here)

3. I have applied to be an IMD with Team National. I understand that it is strictly forbidden to market a Membership to any family member who is already covered by the previous purchase of a Membership. I also understand that my failure to adhere to this policy will be a breach of Team National Policies and Procedures.

(Initial Here)

The exceptions to policy #3 are as follows: (1) If the parents of a grown child purchase a premium membership, and the grown child owns a business, that grown child may purchase a membership to cover their business and employees. (2) If the parents of a grown child purchase a premium membership, the package will cover the grown child's spouse, but not his/her in-laws. A membership may be purchased by either the in-laws or the grown child to cover the in-laws.

I certify that I have read the above statements and have personally initialed each statement.

SIGNATURE: _____

DATE: _____



Team National

8210 W. State Rd. 84, Davie, FL 33324
Phone: (800)-227-6030, (954)-584-2151; Fax: (954)-584-5996

ALASKA AND HAWAII BENEFIT PACKAGE DISCLOSURE FORM

This form must accompany each sale made in the States of Alaska and Hawaii; no exceptions will be made.

PLEASE PRINT LEGIBLY

This is your ID# until your card arrives

First Name	Middle Initial	Last Name	Social Security #
Business Entity (If Applicable)			Federal ID # (If Applicable)
Physical Address (no P.O. boxes please)	City	State	Zip Code
Home Phone ()	Business Phone ()	Fax Phone ()	
E-mail Address (This enrolls you in "News From The Top")			Date of Birth (Must be 18 or older)

This policy is in effect for all business conducted in Alaska and Hawaii.

Read the following statements carefully and acknowledge your understanding of these Team National policies:

All Team National benefits are good for the term of the Membership Package. Team National reserves the right to amend, revise or change Benefits Providers as necessary. Careful attention is given to ensure data accuracy in our benefits guides and our website; located at bign.com Team National assumes no responsibility for errors/omissions. All information is subject to change without notice. Some benefits may not be available in some states, particularly Alaska and Hawaii.

(Initial here)

The benefits and services that are currently unavailable in Alaska and Hawaii include and may not be limited to:

- You may order New Vehicles and Program Cars but only mainland delivery is available (please call for details).
- Team National Communications
- Motorcycles

(Initial here)

By signing below, I certify that I have read the above statements, and have personally initialed each statement. I also attest to having a need for the Membership Package with the understanding of the limitations disclosed above.

SIGNATURE: _____

DATE: _____