

Bubble Bees Consultant Application

| Applicant Information | Sponsoring Consultant |
|--------------------------|---|
| Name: _____ | Name: _____ |
| Social Security #: _____ | Consultant ID #: _____ |
| Date of Birth: _____ | |
| Address: _____ _____ | Address: _____ _____ |
| Home Phone: _____ | Phone: _____ E-mail Address: _____ |
| Cell Phone: _____ | |
| Fax Number: _____ | |
| E-mail Address: _____ | Sponsor's Signature: _____ |

Bubble Bees Agreement

I have carefully read the terms and conditions of the application and agreement, the Bubble Bees's Policies and Procedures, the Bubble Bees Compensation Plan, and agree to abide by all terms set forth in these documents. I understand that I have the right to terminate by Bubble Bee's Consultant Agreement at any time, with or without reason, by sending a written notice to the Bubble Bees address listed below:

X _____

Applicant's Signature **Date**

***Mail, along with your check, or fax, with your credit card information, a copy of the completed, signed, and dated form to:**

Bubble Bees, LLC
74 Hester's Ct.
St. Charles, MO 63304
317-203-0755 Fax 317-910-1619 Customer Service
bubblebeescustomerservice@yahoo.com

Payment Information

Consultant Package A \$169.00 Consultant Package B \$289.00

Payment Types: Check Visa Master Card

Name as it Appears on Card: _____

Credit Card Number: _____ Exp. Date: _____

Security Code: _____ Authorized Signature: _____

* Additional Shipping Charges and Taxes will be applied for each State.