

E.P.I.C. Business Entity Application

E.P.I.C. • 400 Andrews Street, Suite 200 Rochester, New York 14604 Phone: 585-359-2922 • support@myepiccompany.com • myepiccompany.com

*If your distributorship will be owned by a corporation, partnership or trust, or will be operated under an assumed name (e.g., XYZ Enterprises or John Doe and Associates); the E.P.I.C. Business Entity Application must be submitted with the paper or online Independent Representative Application and Agreement. All business entity applications must be accompanied by proof of government issued tax identification. No commissions will be released until all documentation is received.

DISTRIBUTOR INFORMATION • PLEASE TYPE OR PRINT CLEARLY		
Name of Corporation, Partnership, Trust		Federal Tax ID Number (EIN)
Contact	Representative Identification Number (RIN)	
Address	Suite	PO
City	State	Zip
Phone	Fax	Email

Governing Law; Venue, and Arbitration: This Acknowledgment will be governed by and construed in accordance with the laws of the State of New York without regard to conflict of laws principles. As set forth in Sections 13.3 and 13.4 of the E.P.I.C. Policies & Procedures, certain disputes between me and E.P.I.C. will be governed by arbitration and all disputes will be heard in arbitration or in court in Monroe County, New York. I agree I have reviewed Sections 13.3 and 13.4 of the E.P.I.C. Policies & Procedures and will comply with its requirements.

Sale, Transfer, or Assignment of E.P.I.C. Representative Position: Transfers of ownership interests in an E.P.I.C. business by an entity are subject to the E.P.I.C. Statement of Policies and Procedures. See E.P.I.C. Statement of Policies and Procedures for a description of the Sale, Transfer, or Assignment of E.P.I.C. Representative Position Policy.

<p>Type of Business Entity (check one):</p> <p><input type="checkbox"/> Proprietorship doing business under an assumed name (Complete Section 1)</p> <p><input type="checkbox"/> Corporation (Complete Section 2)</p> <p><input type="checkbox"/> Partnership (Complete Section 3)</p> <p><input type="checkbox"/> Trust (Complete Section 4)</p> <p><input type="checkbox"/> Other (Describe): _____</p>
<p>Section 1: PROPRIETORSHIP</p> <p>If you are applying as a proprietorship operating under an assumed name, please complete the following:</p> <p>I/We hereby apply for a E.P.I.C. Independent business using the name: _____</p> <p>The undersigned acknowledge that each is authorized to sign any document necessary to conduct business with E.P.I.C. and is liable for all contracts entered into with E.P.I.C. jointly and severally. Each acknowledges that they are personally and individually bound to and must comply with the terms and conditions of the E.P.I.C. Independent Representative Application and Agreement, Statement of Policies and Procedures and Compensation Plan.</p> <p>Name of Owner (Printed): _____</p> <p>Signature: _____ Social Security Number: _____</p> <p>Name of Owner (Printed): _____</p> <p>Signature: _____ Social Security Number: _____</p> <p>ATTACH PROOF OF GOVERNMENT ISSUED TAX IDENTIFICATION AND A TRUE AND CORRECT COPY OF DOCUMENTATION FILED WITH THE STATE IN WHICH THIS PROPRIETORSHIP RESIDES.</p>

Section 2: CORPORATION

If you are applying for a distributorship as a corporation, please complete the following information:

Name of Corporation: _____

State of Incorporation: _____

List the following information for all shareholders, directors and officers (Use additional pages if necessary):

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Resolved that _____ (Name of Corporation) is authorized to enter into E.P.I.C. Independent Representative Application and Agreement with E.P.I.C. and to execute any and all documents necessary to conduct business with E.P.I.C.. We certify that this resolution was adopted by the Board of Directors of _____ (Name of Corporation) on _____ (Dated) at a meeting of the Directors properly called and shall continue in effect until rescinded by resolution duly adopted by the Board of Directors of this corporation, notice of which shall be signed by the President of this Corporation and provided to E.P.I.C.. Each shareholder, director and officer acknowledges that, in addition to the obligations and responsibilities of the corporation, they are personally and individually bound to and must comply with the terms and conditions of the E.P.I.C. Independent Representative Application and Agreement, Statement of Policies and Procedures and Compensation Plan.

President _____

Secretary _____

[Corporate Seal]

ATTACH PROOF OF GOVERNMENT ISSUED TAX IDENTIFICATION AND A TRUE AND CORRECT COPY OF THE ARTICLES OF INCORPORATION WHICH WERE FILED WITH THE STATE IN WHICH THE CORPORATION IS ORGANIZED.

Section 3: PARTNERSHIP

If you are applying as a partnership, please complete the following information:

Name of Partnership: _____

We, the undersigned partners of _____ (Name of Partnership), have formed this partnership under an agreement dated _____ (Date) for the purpose of conducting business as a E.P.I.C. Independent Representative. We certify that the names, Social Security Numbers, addresses and phone numbers of the partners in this partnership are as follows (use additional pages if necessary):

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Each partner is authorized to sign any document necessary to conduct business with E.P.I.C., and is liable for all contracts entered into with E.P.I.C. by the partnership both jointly and severally. Each partner acknowledges that, in addition to the obligations and responsibilities of the partnership, they are personally and individually bound to and must comply with the terms and conditions of the E.P.I.C. Independent Representative Application and Agreement, Statement of Policies and Procedures and Compensation Plan.

Partners' signatures:

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

ATTACH PROOF OF GOVERNMENT ISSUED TAX IDENTIFICATION AND A TRUE AND CORRECT COPY OF THE PARTNERSHIP AGREEMENT.

Section 4: TRUST

If you are applying as a trust, please complete the following information:

Name of Trust: _____

List the following information for all trustees (use additional pages if necessary):

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

Name _____ SSN _____ Title _____

Address _____ Phone Number: _____

I/We certify that I/we am/are the trustee(s) of the above-described trust created on _____ (Date) . I/We certify that I/we am/are authorized to enter into the Independent Representative Agreement with E.P.I.C. and to sign any documents necessary to do business as a E.P.I.C. Independent Representative. Each trustee acknowledges that, in addition to the obligations and responsibilities of the trust, they are personally and individually bound to and must comply with the terms and conditions of the Independent Representative Application and Agreement, Statement of Policies and Procedures and Compensation Plan.

Name of Trustee (Printed): Partners' signatures:

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

ATTACH PROOF OF GOVERNMENT ISSUED TAX IDENTIFICATION AND A TRUE AND CORRECT COPY OF THE TRUST DOCUMENT.

Once complete, a scanned copy of the application, proof of government issued tax identification and any necessary documents must be emailed to support@myepiccompany.com, or mailed to: 400 Andrews Street, Suite 200, Rochester NY, 14604 Attn: Representative Services Department