

Professional Retail Program

www.exfuze.com

eXfuze LLC. Professional Retail Program Policy

The eXfuze Independent Distributor (EID) Professional Retail Program (PRP) is designed specifically for professionals who would like to distribute eXfuze products through direct retail business channels. This program is for independent stores and service related businesses. No chain stores or franchises will be allowed to participate in the PRP. Any professional who wishes to participate in the eXfuze Professional Retail Program (PRP) should follow the application process outlined on the PRP application, and fax the application along with a copy of their business license to eXfuze at 888-869-7079. eXfuze, LLC will review the application, and process the initial order if the application is accepted. Professionals accepted into the eXfuze Professional Retail Program (PRP) will be able to purchase products from eXfuze directly at a discount off of the wholesale price. The initial order must meet the minimum requirement of \$600. A minimum order of any product type is a one case 4 Pak. After the initial order, additional orders will require a minimum of \$400 per order thereafter. eXfuze, LLC reserves all rights to reject any application and has the right to terminate any professional account immediately if any violation of the eXfuze Professional Retail Program (PRP) or the eXfuze Independent Distributor (EID) Policies and Procedures occurs. Product returns or and exchanges are allowed within 14 days after the order has been placed at the sole discretion of eXfuze LLC. All return products must be in resalable condition in unopened original packaging. Refunds will be credited back to the original form of payment minus a 20% restocking fee. A refund of shipping charges incurred will not be provided. Reselling of any product at a price lower than the listed wholesale / EID price or on any online auction sites (such as EBay for example) may result in termination of the Professional Retail Program (PRP) Account.

PRP participants in this program are not required to pay the \$59.97 EID Membership fee, if making application with the first PRP order. PRP participants will be placed as an eXfuze Independent Distributor (EID) credit of PRP going to the sponsor of the PRP participant. When faxing in the application, be sure to fill out the application form denoting Sponsor ID and placement in the sales binary tree. Compliance must have this information. <u>NOTE:</u> Not all eXfuze products are available for purchase through the Professional Retail Program. However, all products are available for purchase at wholesale price through EID's back office.

Eligible Professionals

The Professional Retail Program (PRP) is designed to help Professionals who may be interested in marketing eXfuze products and integrating them into their retail business. The Professional Retail Program (PRP) is designed primarily for professionals who are in related fields and could benefit by making eXfuze products available to their customers or clients. Businesses that are solicited cannot be chains or franchises and must be independently owned with 4 locations or fewer to be eligible. Professionals or business owners who are in unrelated fields may not qualify to participate in this program and might be better benefited by simply becoming eXfuze Independent Distributors (EIDs). This brief listing is designed to give you some ideas of who might be eligible to participate in this program. Remember each professional who applies will be evaluated by the eXfuze Compliance Department for eligibility:

♦ Chiropractor ♦ Coffee Shops ♦ Dentist ♦ Dietician

♦ Day Spas ♦ Doctor ♦ Health Clubs ♦ Health Food Stores

Professional Program Checklist

- 1. Please fill out the Professional Application in its entirety.
- 2. Fill out the order form (Initial orders need to be a minimum of \$600.00 to meet the professional requirements, \$400.00 minimum for repeat orders).
- 3. The application, order form and the copy of Business license will need to be faxed to the eXfuze Corporate Office to be reviewed for eligibility to participate in the Professional Retail Program (PRP). eXfuze LLC Fax # is 888-869-7079.
- 4. The eXfuze Compliance Department will review and determine eligibility by the end of the following business day.
- 5. After approval, the application and order form information will be entered by the eXfuze Distributor Support Services Department and the account will be activated.
- 6. After the account is activated, the eXfuze Distributor Support Services Department will notify the professional and the enroller that the account is active.
- 7. Product orders under \$1,000 will ship within 3 business days. Orders over \$1,000 require 4-7 business days dependent on shipping method. Actual shipping timeline will depend on the expediency of the Member's acknowledgement of the shipping costs associated with their PRP Order.



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eXfuze LLC. Professional Retail Program Application

The eXfuze Professional Retail Program (PRP) is designed specifically for professionals who would like to distribute eXfuze products through business channels. Any professional who wishes to participate in the eXfuze Professional Retail Program (PRP) should follow the application process outlined on the eXfuze Professional Retail Program (PRP) application and fax the application along with a copy of their business license to eXfuze at 888-869-7079. eXfuze LLC will review the application, and process the initial order if the application is accepted. Professionals accepted into the eXfuze Professional Retail Program (PRP) will be able to purchase products from eXfuze directly and enjoy a discount off the wholesale price. The initial order must meet the requirement of \$600 minimum. A minimum order of any product is one case and any additional orders needed to meet the minimum requirement of \$600. Additional orders will require a minimum of \$400 per order thereafter. eXfuze LLC reserves all rights to reject any application and has the right to terminate any professional account immediately if any violation of the eXfuze Professional Retail Program (PRP) occurs. Product return or exchange is allowed within 30 days after the order has been placed. All return products must be in re-salable condition. Refund will be credited back to the original form of payment minus a 20% restocking fee. Reselling of any product at a price lower than the listed Whole Sale Price may result in termination of Professional Retail Program (PRP) accounts Please contact Distributor Support Services.

RST NAME MIDDLE INITIAL			LAST NAME				
ROFESSIONAL LICENSE TYPE				TAX ID OR EIN			
LLING ADDRESS				СІТУ		STATE	ZIP CODE
IIPPING ADDRESS (if different from billing address)				СІТУ		STATE	ZIP CODE
IONE NUMBER				FAX NUMBER			
				EMAIL ADDRESS			
5	Select Yo	ur Produc	t for Initial O	rder (*Prices Do I	Not Include Shipping	3)	
Product		Qty	Wholesale 9	Retail \$	Professional \$	Margin	Amount
CLASSIC 25oz – 4 Pak			\$132.00	\$172.00	\$ 92.40	86%	\$
FOCUS 25oz – 4 Pak			\$220.00	\$288.00	\$154.00	87%	\$
PROformance 25oz – 4 Pak			\$140.00	\$184.00	\$ 98.00	87%	\$
CLASSIC Travel – 4 Pak			\$160.00	\$208.00	\$ 112.00	85%	\$
FOCUS Travel – 4 Pak			\$248.00	\$324.00	\$173.60	86%	\$
PROformance Travel – 4 Pak			\$168.00	\$220.00	\$117.60	87%	\$
Green Zilla 20 TM Travel – 4 Pak			\$140.00	\$184.00	\$98.00	87%	\$
SUMMA Café – 8 Cans			\$200.00	\$260.00	\$140.00	85%	\$
ShapeWay [™] Royal Vanilla – 4 Pak			\$268.00	\$348.00	\$187.60	85%	\$
ShapeWay [™] Metabolic Energizer –	4 Pak		\$168.00	\$220.00	\$117.60	87%	\$
			7	1 +	* * * * * * * * * * * * * * * * * * *	Total	\$
Please agree to the following:			or have an EIN	lesale / EID pricing			
		•	e auctions sites (s				
PAYMENT INFORMATION							
	ASTERCARD	Памех	DISCOVER	снеск			
CREDIT CARD NUMBER						EXPIRATIO	N DATE
		1					
NAME OF CARD HOLDER			cvv	CAR	D HOLDER AUTHORIZED	SIGNATURE	
BANK NAME	ROUT	ROUTING NUMBER		CHECKING ACCOUNT NUMBER		CHECK NUMBER	
With my signature below, I acknowle authorize eXfuze to charge up					ditions of the Professiona er authorization from me		
3			, pp 3 - 3 - 3 - 5	3		,	
Applicant's Signature of	Authoriza	tion			Dat	e MM / DD / `	YYYY
	of Author	-iti				40 MM / DD /	<u> </u>
			MUST BE SUP	PLIED OR APPLICA	Da TION WILL BE REJE	te MM / DD / CTED.	1111
Co-Applicant's Signature *NO							
• • • • •		T TO YOUR F	REPRESENTATIN	/E TO FAX YOUR FIR	ST ORDER. YOU WILI	THEN BE GIVE	EN AN ACCOUNT
*NO	DOCUMEN	N	JMBER FOR SU	BSEQUENT ORDERS		_ THEN BE GIVE	EN AN ACCOUNT
*NO	DOCUMEN	N	JMBER FOR SU	BSEQUENT ORDERS	tative.	THEN BE GIVE	EN AN ACCOUNT

DISCLAIMER: Placement position based on availability