

BUSINESS ENTITY ADDENDUM - U.S.

This Business Entity Addendum ("Addendum") is being submitted by the partners/members ("Participants") of the business entity _____, with an address at _____.
(Insert the Business entity name, e.g., "ABC, LLC")

Please note that it is mandatory for the Participants to provide the below referenced information. If you do not provide such information, you will not be able to register your business entity with the Company. This Addendum must also designate the "Primary Participant" of the **OPTAVIA** Coach Business. The Primary Participant is an authorized agent of the business entity listed above and has been formally authorized to sign and execute contracts on its behalf. The Company may rely and act upon any information provided to it by the Primary Participant. In addition, all other Participants in the business entity (i.e., members, partners, directors, officers, shareholders, or other positions), must be listed and provide certain information below. With respect to a Business Entity, each Participant and every Affiliated Party, as that term is defined in the Policies, is also bound by, and must comply with, the Independent **OPTAVIA** Coach Agreement and all terms and conditions contained therein, including but not limited to the **OPTAVIA** Policies.

By signing below, the Participants are affirming that:

1. You do not own, operate or control or have any interest in any other **OPTAVIA** Coach business (unless previously authorized by the Company in writing);
2. You have a valid Social Security Number or Federal Tax ID Number;
3. You have legal residence in the United States, a U.S. territory or U.S. military base; and
4. You agree to all the terms and conditions of the Independent **OPTAVIA** Coach Agreement located at <https://OPTAVIAMEDIA.com/pdf/terms-conditions/OPTAVIA-Policies.pdf>.

Primary Participant Information: *Please list the individual's name and other information, e.g., "Jane Doe".*

Name

Email Address

Title (if applicable)

Primary Participant Address

Date of Birth (mm/dd/yyyy)

Date (mm/dd/yyyy)

Telephone Number

Signature

Other Participants Information (please include additional sheets if necessary):

Name

Email Address

Title (if applicable)

Primary Participant Address

Date of Birth (mm/dd/yyyy)

Date (mm/dd/yyyy)

Telephone Number

Signature

Name

Title (if applicable)

Date of Birth (mm/dd/yyyy)

Telephone Number

Email Address

Primary Participant Address

Date (mm/dd/yyyy)

Signature

Name

Title (if applicable)

Date of Birth (mm/dd/yyyy)

Telephone Number

Email Address

Primary Participant Address

Date (mm/dd/yyyy)

Signature

Name

Title (if applicable)

Date of Birth (mm/dd/yyyy)

Telephone Number

Email Address

Primary Participant Address

Date (mm/dd/yyyy)

Signature
