

Business Entity Enrollment Form

Submit this completed form and additional required documentation identified in this Form. TLC will not process any incomplete Corporation/Company applications.

Personal Information

Do you currently have a Total Life Changes account? _____

If yes, what is your account #? _____

How does the name currently appear on that account? _____

Company Information

Company Name: _____ EIN/BIN#: _____

Shipping Address: _____ Apt/Suit: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

List of Company Principals

Please include all company owners and their SSN/SIN. Please all principle(s) must be listed in company paperwork that is submitted.

Principal Name: _____ SSN/SIN: _____

Principal Name: _____ SSN/SIN: _____

Principal Name: _____ SSN/SIN: _____

Principal Name: _____ SSN/SIN: _____

Principal Name: _____ SSN/SIN: _____

I certify that all information is true to the best of my knowledge. I understand that I, or any other company principal listed above, may not have an individual position as a Life Changer or a Product Influencer and will only operate under the company's name provided.

Signature: _____ Date: _____

Additional Required Documents

Please attach any/all the following documents (whatever is applicable to your type of business). You should have received these documents when you started your company. Please check the box next to the documents included in your submission: (Note: These documents must show all owners and have an official stamp/seal of approval.)

- Articles of INC/LLC
- DBA Paperwork
- Other [specify _____]