



*For Your Pleasure, Inc.®*

PO Box 3452  
Concord, NH 03302  
Phone: 603-225-8826 ~ Fax: 603-225-3199  
www.foryourpleasure.com  
joinus@foryourpleasure.info

**Independent Business Associate Application**

*Imagine ~ Explore ~ Succeed*

**MY PERSONAL INFORMATION:**

Name: \_\_\_\_\_ OFB Date: \_\_\_\_\_

(First Name - Last Name)

Billing Address: \_\_\_\_\_

(Street)

(City/Town/State/Zip)

Shipping Address: \_\_\_\_\_

(Street Address For Kit Shipment)

(City/Town/State/Zip For Kit Shipment)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Ext.: \_\_\_\_

Work Schedule: \_\_\_\_\_ May We Call You At Work? \_\_Yes \_\_No

Nearest Relative (not living with you): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

(Street/City/Town/Zip)

**MY FIRST FOUR(4) PARTIES ARE SCHEDULED FOR:**

\* List Party Date - Host/Hostess Name - Valid Telephone Number

\* All information must be filled in to be considered a complete four-show lineup.

\* A Four-Show Lineup is mandatory for ALL new IBA's. You can host a show yourself.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

**My FYP Sponsor is:** Michelle Rodriguez **Rep ID#:** 41332

\* There are FOUR(4) Pages To The FYP, Inc.® Application. Make sure you have all pages completed.

I hereby apply for Independent Business Associate status with For Your Pleasure, Inc. ®. I have selected the following to start my business: (Choose a column and follow it down as you make your choices)

<b>Purchase Business Kit</b> Check Your Choice Below	<b>'OFB' Show</b> Check Your Choice Below	<b>Kit Transfer</b> Check Your Choice Below
<input type="checkbox"/> <b>\$99 Kit Special</b> Retail Value Over \$350 <input type="checkbox"/> <b>\$250 Kit Cost</b> Retail Value Over \$650 <input type="checkbox"/> <b>\$500 Kit Cost</b> Retail Value Over \$1250 <input type="checkbox"/> <b>\$1000 Kit Cost</b> Retail Value Over \$2500 <b>40% Buying Discount</b>	<input type="checkbox"/> <b>\$0 Kit Cost</b>  <b>Open For Business Home or Catalog Parties Must Have a Minimum of \$300 Retail Sales To Qualify and must have a sponsoring IBA.</b>  <b>35% Buying Discount</b> With Sales of \$300-\$999  <b>40% Buying Discount</b> With Sales of \$1000 or More	<input type="checkbox"/> <b>\$0 Kit Cost</b>  New IBA with existing product kit from prior adult novelty party plan. Product listing must accompany application.  <b>40% Buying Discount</b>  _____ Applicant Initials: I am no longer affiliated with any other adult novelty company. I researched and located FYP® of my own free will.
<b>Starter Supply Kits</b> Check Your Choices Below	<b>Starter Supply Kits</b> Check Your Choices Below	<b>Starter Supply Kits</b> Check Your Choices Below
<b>Optional</b> <input type="checkbox"/> <b>\$30 Kit A</b> <input type="checkbox"/> <b>\$60 Kit B</b> <input type="checkbox"/> <b>\$90 Kit C</b> <input type="checkbox"/> <b>\$14 Ready-Set-Go Kit</b>  Your Purchased Business Kit includes supplies. These Starter Supply Kits are optional. You may choose 1 of the \$30, \$60, or \$90 kits as well as 1 of the \$14 Ready-Set-Go Kits.	<b>Optional + Suggested</b> <input type="checkbox"/> <b>\$30 Kit A</b> <input type="checkbox"/> <b>\$60 Kit B</b> <input type="checkbox"/> <b>\$90 Kit C</b> <input type="checkbox"/> <b>\$14 Ready-Set-Go Kit</b>  Your OFB Kit includes limited supplies. These Starter Supply Kits are optional. You may choose 1 of the \$30, \$60, or \$90 kits as well as 1 of the \$14 Ready-Set-Go Kits.	<b>Mandatory</b> <input type="checkbox"/> <b>\$70 Starter FYP Kit</b>  <b>Optional</b> <input type="checkbox"/> <b>\$30 Kit A</b> <input type="checkbox"/> <b>\$60 Kit B</b> <input type="checkbox"/> <b>\$90 Kit C</b> <input type="checkbox"/> <b>\$14 Ready-Set-Go Kit</b> Kit Transfers are required to purchase The \$70 Starter fyp Kit. Other supply kits are optional.
<b>Application Fee</b>	<b>Application Fee</b>	<b>Application Fee</b>
<b>Mandatory</b> <input type="checkbox"/> <b>\$25 Application Fee</b>	<b>Mandatory</b> <input type="checkbox"/> <b>\$25 Application Fee</b>	<b>Mandatory</b> <input type="checkbox"/> <b>\$25 Application Fee</b>
<b>Shipping &amp; Handling</b> Check Correct Amount Below	<b>Shipping &amp; Handling</b> Fill In Correct Amount Below	<b>Shipping &amp; Handling</b>
<input type="checkbox"/> <b>\$25 S/H Fee</b> For \$250 Kit & \$99 Kit Special <input type="checkbox"/> <b>\$50 S/H Fee</b> For \$500 Kit <input type="checkbox"/> <b>\$100 S/H Fee</b> For \$1000 Kit	<input type="checkbox"/> \$ _____ (Fill In) <b>\$ _____ X .05 = \$ _____</b> (Show Sales) (S/H)  <b>S/H is 5% of your OFB's retail sales.</b>	<input type="checkbox"/> <b>\$0</b>  FYP™ will ship your starter kit(s) complimentary.
<b>Total Amount Due</b> Add All Checked Box Amounts Above	<b>Total Amount Due</b> Add All Checked Box Amounts Above	<b>Total Amount Due</b> Add All Checked Box Amounts Above
\$ _____	\$ _____	\$ _____

Select Payment Method: \_\_ Visa \_\_ MasterCard \_\_ Amex \_\_ Discover \_\_ Money Order \_\_ Cashier's Check  
 Fax completed application to (603)225-3199 if paying by Credit Card or mail to For Your Pleasure, Inc. PO Box 3452 Concord, NH 03302 if paying by money order or cashier's check. Make payable to For Your Pleasure, Inc.

Credit Card Payment - Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVV: \_\_\_\_\_

I authorize FYP, Inc.® to charge my credit card.

Amount To Charge: \$ \_\_\_\_\_ X Signature: \_\_\_\_\_

I must have \$1000 in qualified sales within 60 days or FYP may charge the card above or the credit card on file for kit retail.

X Signature: \_\_\_\_\_

## **For Your Pleasure® , Inc. Independent Business Associate Policies & Procedures**

An Independent Business Associate (IBA) is an individual whose completed application and kit purchasing fees have been received and approved by For Your Pleasure®.

By signing this application, I verify that the information is correct, I am of legal age and understand and accept the terms and conditions of the Distributor Agreement. Distributors/Direct Sellers (IBA's) are considered independent businesses and not agents, employees nor joint ventures. They are also considered as buying at a wholesale level from For Your Pleasure®, Inc. Upon acceptance by For Your Pleasure®, Inc. as a distributor, I will conduct my business in accordance with the company code of ethics and philosophy. IBA acknowledges they are responsible for all taxes /registrations and licenses that are applicable to their own business, sales, etc. IBA also acknowledges that they have procured necessary state licenses and registrations. (FYP reserves the right to request a copy of same.) All funds collected will be used for intended purpose. If you have a sponsor, he/she should go over these policies and procedures with you and provide their signature at the bottom stating that they did so.

All orders and shows are to be submitted to FYP® within 14 days. Late shows will incur charge for Hostess Credits and/or termination. 30 or more days late will incur charge for buying discount, hostess credits and/or termination. IBA is responsible for their own business supplies, catalogs, transportation, phone, etc. IBA acknowledges that \$1000 in retail sales must be completed in a 60 day period from date of kit shipment. Individual orders and customer orders count towards the \$1000. S/H fees, sales tax, supplies, hostess credits, booking credits, hostess exclusives, hostess specials, booking bonus items, or catalogs Do Not Count towards the \$1000. If IBA has not completed this within 60 days the full retail value of your purchased or OFB kit is due and payable. I understand that I must return my signed Distributor Agreement and it must be accepted before placing my first order or holding of first show. It is understood that the credit card used on application will be used to charge for unqualified kit promotional purposes and retail of kit/ofb kit if not meeting qualification criteria. My signature authorizes For Your Pleasure®, Inc. to charge my credit card.

I acknowledge that all declined credit card charges will be treated as non sufficient funds and a \$25 fee will be incurred.

IBA shall NOT engage in any unlawful, dishonest or deceptive trade practices as defined by Federal, Provincial, State or Municipal laws or regulations. IBA will familiarize themselves with the laws of the industry and will not advocate/sell merchandise to minors. IBA will make the Golden Rule their basic guideline so that those around them may grow and profit as well. Business practices shall reflect a courteous, considerate and professional manner. Product presentations shall reflect a truthful manner; no misleading product claims shall be made. All customer complaints are to be investigated immediately by the IBA.

IBA cannot buy or sell like items while representing FYP®. Product purchased elsewhere may not be sold through an IBA at an FYP® event. If an IBA is a representative for another company selling non-like items, they must notify FYP® and sales/demonstrations must be separate from FYP® sales/demonstrations/events. Any IBA who buys or sells like items while representing FYP® may be terminated and all commissions forfeited and prior override commissions deemed due and payable to FYP®. We also reserve the right to recoup the buying discount.

No IBA shall have the right to engage FYP® in any contractual relationship or to use the company for credit purposes. Trade names, logos, brochures and literature are copyrighted materials and may not be altered without the written approval from FYP, Inc.®. All legal proceedings will be held in the State of New Hampshire. All legal fees and court costs and misc. expenses tied to these matters will be the responsibility of the IBA.

FYP, Inc.® reserves the right to refuse any application for any reason deemed sufficient cause. FYP, Inc.® reserves the right to terminate for any reason deemed sufficient cause. FYP, Inc.® reserves the right to amend policies and procedures at any time for any reason. By submitting an order to FYP, Inc.®, IBA is accepting policies and procedures as of that date. No collect phone calls will be accepted by FYP®, Inc. Any material submitted to FYP® becomes the property of FYP®. All advertisement materials must be submitted to FYP® for approval (ads, flyers, websites, etc.).

As of August 1, 2008 IBA's will be charged an electronic access fee (credit card processing) fee of \$12 monthly.

IBA's should attend any offered meetings, conference calls, and training sessions if possible. Any 'training' will be done by phone, internet, or at the Sponsor's choice of location. IBA's sponsor can assist with potential recruits. IBA should always contact their sponsor with questions before going to FYP® customer service.

If you follow these guidelines, read your manual, and stay in contact with your Sponsor, you are guaranteeing yourself a very long and successful career with For Your Pleasure, Inc.® Always remember we are here to help you in any way that we can. You're in business FOR yourself, Never BY yourself! By signing this agreement you are acknowledging that you have read and understand the IBA Policies & Procedures. Thank you and welcome aboard! Revised 09/16/08

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor/Interviewer Signature: Michelle Rodriguez Date: \_\_\_\_\_



*For Your Pleasure*<sup>®</sup>

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### Credit Card Authorization Form

I \_\_\_\_\_ hereby provide FYP, Inc. my credit card information with the understanding that this will be kept on file and will not to be shared with anyone. I also understand that my credit card information is SSL Secured. The following charges apply: Access Fees (\$12.00/mo), Replicated Web Site fees (\$14.95/mo), Convention Layaway (as agreed upon) and Account Balances.

A \$25 NSF fee will be charged on any declined credit card.

Rep ID \_\_\_\_\_

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Credit Card # \_\_\_\_\_

Payment Method: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Expiration Date # \_\_\_\_\_  
Month Year

CVV# \_\_\_\_\_  
Security Code

---

Signature

\_\_\_\_\_  
Date