



Retail Sales Compliance Form

AdvoCare Distributors eligible for Overrides and Bonuses must provide verification of their retailing efforts by completing this Retail Sales Compliance Form and submitting it to AdvoCare International (Attn: Distributor Records) no later than the seventh day following the end of the preceding Sales Period. The information provided in this form is subject to verification by AdvoCare, and inaccurate data will be reason for sanctions against the Distributor that will include recouping of Overrides and Bonuses paid in respect of the Sales Period for which false information was provided. Further sanctions may include suspension and/or termination of the Distributor's Agreement of Distributorship.

Attn: Legal | **Mail to:** 2801 Summit Avenue • Plano, TX 75074 | **E-mail to:** legal@advocare.com | **Questions call:** (800) 542-4800

Distributor Information (please print)

Distributor ID		Period Ending Date	
Name (Last, First, Initial)			
Street Address			
City	State	ZIP	
Home Phone	Business Phone	E-mail address	

Five Retail Customers List

1	Name (Last, First, Initial)			
	Street Address	City	State	ZIP
	Home Phone	Business Phone		
	Retail Amount	Date Sold		
2	Name (Last, First, Initial)			
	Street Address	City	State	ZIP
	Home Phone	Business Phone		
	Retail Amount	Date Sold		
3	Name (Last, First, Initial)			
	Street Address	City	State	ZIP
	Home Phone	Business Phone		
	Retail Amount	Date Sold		
4	Name (Last, First, Initial)			
	Street Address	City	State	ZIP
	Home Phone	Business Phone		
	Retail Amount	Date Sold		
5	Name (Last, First, Initial)			
	Street Address	City	State	ZIP
	Home Phone	Business Phone		
	Retail Amount	Date Sold		

I hereby certify that all foregoing information is true and correct in every respect. I further certify that I have issued an AdvoCare Retail Sales Receipt (S1102 or S1502) to each of my retail customers and retained a copy of said Receipt for my files. I agree that I will provide said Receipt to AdvoCare if asked to do so. I further certify that I have sold or consumed at least 70% of the products I purchased from AdvoCare during the Sales Period covered by this form.

Applicant Signature

Date