

## PLANNER REGISTRATION AGREEMENT

ALL FIELDS ARE REQUIRED

REFERRAL NAME:

REFERRAL ID#

### ENROLLMENT TYPE: (SELECT ONE)

☐ INDIVIDUAL

SSN/ITIN:

☐ BUSINESS  
(ADDITIONAL PAPERWORK REQUIRED)

BUSINESS NAME:

TAX ID#:

### APPLICANT INFORMATION (REQUIRED)

NAME: (FIRST/LAST)

PHONE/MOBILE #:

EMAIL:

BIRTHDAY:  
(MM/DD/YYYY)

ADDRESS 1:

ADDRESS 2:

CITY:

STATE:

ZIP CODE:

PAYMENT INFORMATION:  
\$20 BEAUTY PLANNER ENROLLMENT FEE

☐ I, the undersigned, authorize RIMAN, INC. to charge the credit card account listed below & acknowledge that I have the legal authority to enter into this agreement.

NAME ON CARD:

CREDIT CARD#:

EXP. DATE (MM/YY):

CVV CODE:

AUTHORIZED SIGNATURE OF CARD HOLDER:

DATE:

### ACKNOWLEDGEMENT & AGREEMENT:

By signing this document, I acknowledge my intent to enroll in the RIMAN, INC. Opportunity as a Planner. I agree to submit my initial enrollment fee and grant RIMAN the ability to capture my information as provided above. I have read, understand, and agree to be bound by all of the Terms and Conditions found on the second of this Agreement, as well as those of the Policies & Procedures and the Compensation Plan, all of which are available for me to review, store and print online in My Riman website.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_