

# Independent Northern Edge® Direct Distributorship (INEDD) Agreement

Mail completed application  
with \$32.10 (2.10 GST) to:

**Randolph & James Flax Mills Ltd.**  
1529 - 4th Ave. W., Prince Albert, SK S6V 5H3  
1-800-667-1176 Phone      (306) 922-3529 Fax

**GST 13142 3550**  
(GST applicable  
in Canada only)

**GENERAL INFORMATION (please print)**

(Incomplete information will delay or prevent R&J's acceptance and processing of this Agreement).

Applicant's Name(s) *(As they should appear on Commission & Bonus Checks) _____  Spouse _____  Address (For mailing of Commission & Bonus Checks & Materials) _____  City, Province/State _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 100%;"></td> <td style="font-size: 8px; text-align: center;">Social Insurance Number (or Federal Tax I.D. Number if applicable)</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100%;"></td> <td style="font-size: 8px; text-align: center;">Social Insurance Number</td> </tr> </table>		Social Insurance Number (or Federal Tax I.D. Number if applicable)		Social Insurance Number	Birthdates DAY / MO. / YR.      Occupation _____  DAY / MO. / YR.      Occupation _____  Please indicate preferred numbers for contacting you Res. (    ) _____ Bus. (    ) _____
	Social Insurance Number (or Federal Tax I.D. Number if applicable)					
	Social Insurance Number					
	Postal/Zip Code					

**\* Corporations or Assumed Names**

If your R&J INEDD is a corporation or partnership or will be operated under an assumed name, you should use its Federal Tax Identification Number (if applicable) in the first "Social Insurance" box above.

Name(s) of principals

Social Insurance Number

\_\_\_\_\_

\_\_\_\_\_


Credit Card Information:     Visa     Mastercard # \_\_\_\_\_ Exp. \_\_\_\_\_

I \_\_\_\_\_ hereby authorize Randolph & James Flax Mills Ltd. to debit my credit card  
Print Name  
 (# as above) for my telephone order of product, literature and freight. \_\_\_\_\_

Applicant's Signature

**THIS AGREEMENT WITNESSETH THAT:**

1. A participant in the INEDD Compensation Plan has the right to cancel at any time regardless of reason. Cancellation must be submitted in writing or by fax to R&J at the above address.
2. I hereby apply to be a R&J INEDD and certify that:
  - a) I am of legal age in the province in which I reside to enter into this Agreement with R&J.
  - b) As an INEDD, I will represent R&J in a sincere and honest manner and will honor R&J's customer satisfaction guarantee.
  - c) As an INEDD, I will provide training and motivation to INEDDs in my organization.
3. I understand that the acceptance of this Agreement does not constitute the sale of a franchise and that there are no exclusive territories granted to anyone, and that no franchise fees have been paid, nor am I acquiring any interest in a security by the acceptance of this Agreement.
4. I will develop personal customers for whom I will buy products directly from R&J and resell to these personal customers.
5. All product purchased will be for sale to or use by the end consumer and I will not purchase product solely for the purpose of qualifying for commissions or bonuses.
6. In order to place a new order, a distributor must certify on each product order placed through R&J, that at least 70% of all products previously purchased have been sold.
7. **I have carefully reviewed the R&J Compensation Plan and Statement of Policies, Procedures and Definitions and acknowledge that they are incorporated as part of this Agreement in their present form and as modified from time to time by R&J.**
8. This Agreement constitutes the entire Agreement between the parties and no other promises, representations, guarantees or agreements of any kind shall be valid unless in writing.
9. I hereby acknowledge that I have read this Agreement and that I understand there is no requirement beyond the filing of this application and payment of the \$30.00 administration charge to become an INEDD, that any purchase of product, inventory, sales aids, literature, etc. are strictly voluntary.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Applicant's Signature

\_\_\_\_\_  
Enrolled by (if other than sponsor)      Enroller's INEDD #

Kerry Ng  
Sponsor's Signature

Administration Fee: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's INEDD #

Northern Edge® Milled Flaxseed: \_\_\_\_\_

Northern Edge® Fresh Wheat Germ: \_\_\_\_\_

NOTES: (Please detail literature orders below)

Freight: \_\_\_\_\_

Literature: \_\_\_\_\_

GST: \_\_\_\_\_

Method of payment: \_\_\_\_\_ (All transactions CDN funds)

Total: \_\_\_\_\_