

Independent Associate Agreement Click Through Agreement Outline/Process

NOTE to Client: Here is the recommended flow for the Associate click through agreement (through existing Associates' replicating websites or through the corporate website). Note that the following listed documents will need to be incorporated into the click-through agreement. Applicants must be able to at least view and print those documents. The necessary documents are:

- ESIGN Consent.
- Policies & Procedures.
- Arbitration Agreement.
- Compensation Plan.
- Business Entity Addendum (Optional).

After you have a beta version of the click through Associate Agreement in place, email a link to me so that we can go through the process to make sure that all of the legally required steps are present.

STEP 1. California Consumer Privacy Act (CCPA) Notice.

If you are a California resident, [CLICK HERE](#) for important information regarding your rights under the CCPA.

STEP 2. Applicant Information Collection.

- a. **Individual or Business Entity.** If you will be allowing business entities to enroll as Associates, the applicant will need to check a box to indicate whether enrolling as an individual or as an entity. Depending on which button is clicked, the below information should be collected.
- b. **If enrolling as an individual.** If the applicant is enrolling as an individual, collect the following information:
 - i. Name
 - ii. Social Security Number *(Alternatively, you can require the applicant to submit an IRS Form W-9 (Request for Taxpayer Identification Number) and provide a link to that document for the applicant to complete the document and mail, fax, or email to the company.)*
 - iii. Address
 - iv. Phone
 - v. Email

- c. If enrolling as an entity.** If the applicant is enrolling as a business entity, collect the following information from the entity:
- i. Name of Entity
 - ii. Type of Entity (e.g., Corporation, Partnership, Trust, Limited Liability Company, etc.)
 - iii. Tax Identification Number *(Alternatively, you can require the applicant to submit an IRS Form W-9 (Request for Taxpayer Identification Number) and provide a link to that document for the applicant to complete the document and mail, fax, or email to the company.)*
 - iv. Name of Contact Person
 - v. Address
 - vi. Phone
 - vii. Email
 - viii. In addition, we recommend that you require an entity applicant to provide information for all of the owners of the entity. This is done by giving the applicant a link to download a PDF of the Business Entity Addendum, fill it out, and scan and email it to the company.

STEP 3. Enrollment Fee and Monthly Replicated Website Fee, and Payment Information.

Associates must pay a \$9.99 fee each month for the Associate's Replicated Website and Back-Office access. The fee will be charged upon enrollment and each month thereafter until the payment authorization is cancelled. The fee will be deducted from Associate's accrued commissions and bonuses unless the accrued commissions and bonuses are insufficient to fully cover the amount of the monthly fee in which case the fee shall be charged to the Associate's credit card on file as authorized herein.

** I authorize Zen Rewards to charge my credit/debit card identified below \$9.99 upon the submission of this Associate Application and Agreement.*

** I authorize Zen Rewards to withhold the amount of the monthly fee (\$9.99) from my accrued bonuses and commissions. In the event my accrued bonuses and commissions are insufficient to pay the monthly fee, I authorize Zen Rewards to automatically charge my credit/debit card identified below up to \$9.99 per month. I understand that this is a monthly STANDING ORDER that will remain in effect until I cancel this authorization, or the Associate Agreement is cancelled. I understand that my cancellation of this authorization will result in the cancellation of my Associate Agreement. I understand that I may cancel this authorization at any time by selecting the Associate Agreement cancel option at www.myzenrewards.com/cancel or via my Associate Back-Office, or by calling (956) 444-4936. I understand that if I wish to cancel this authorization or if I wish to change my payment method, I must notify the Company at least 7 days prior to my monthly fee payment date.*

- Card Type

- Name on Card
- Card Number
- Exp. Date
- CVV
- Billing Address

STEP 4. Submit Application.

To submit your application to Zen Rewards, click on the acknowledgements below and click on the “Submit” button below.

**** I certify that I am at least 18 years of age. I understand that I will be an independent contractor and will not be treated as an employee of Zen Rewards for any purpose, including but not limited to federal or state tax purposes.***

**** I consent to the use of an Electronic Record of the Associate Agreement as set forth in the [ESIGN Consent](#).***

**** I have read and agree to the [Zen Rewards Policies & Procedures](#), the [Individual Arbitration Agreement and Dispute Resolution Policy](#), and the [Zen Rewards Compensation Plan](#), all of which will be available in your Back-Office and collectively form the Associate Agreement.***

**** I have reviewed Zen Rewards’ [Privacy Policy](#) and [Website Terms of Use](#).***

Text Message and Telephone Consent. *I consent to the receipt of promotional and other communications (voice and text) to the telephone number(s) that I provided during this transaction, including SMS text messages (up to 3 promotional text messages per day). Message and data rates may apply. I understand that I may opt out of receiving SMS text messages by replying STOP to any SMS text message that I receive from Zen Rewards. For help or assistance, reply “HELP” to any SMS text message that you receive from Zen Rewards.*

Email Consent. *I consent to the receipt of promotional and other communications to the email address that I provided during this transaction. I understand that I may opt out of receiving such emails by following the unsubscribe instructions in the email communications that I receive from Zen Rewards.*

** I understand that Zen Rewards does not guarantee financial success, and I certify that nobody has assured me that my Zen Rewards independent business will be profitable.*

** The Associate Agreement does not go into effect unless and until it is accepted by Zen Rewards. If accepted, I will receive a confirmation email from Zen Rewards. I understand that the term of the Agreement is one year from its acceptance by Zen Rewards unless previously terminated or cancelled as provided in the Policies & Procedures and shall automatically renew for subsequent one-year renewal terms.*

By clicking on the “Submit” button below, you authorize Zen Rewards to charge your provided payment method \$9.99 for the first month of the Replicated Website and Back-Office fees, and then \$9.99 per month thereafter for the monthly Replicated Website and Back-Office fees. In the event your Application is accepted by Zen Rewards, you will have the right to terminate the Agreement at any time, with or without reason. Such termination may be submitted at www.myzenrewards.com/cancel, via the Associate Back-Office, or by calling (956) 444-4936.

[Submit]

[Cancel]

STEP 5. Confirmation of Enrollment.

NOTE to Client: Following submission of the click through agreement and payment, the applicant should be transferred to a web page that confirms his or her enrollment and welcomes him or her as a Zen Rewards Associate. An email confirmation should also be sent. The email confirmation needs to include a detailing of charges to the applicant’s card that day as well as future charges to the card for the monthly fee. Also, include links and instructions on setting up the replicated website – URL, password, etc.