

# For North American Executives or Qualifying Executives ONLY

## biophotonic scanner LEASE APPLICATION / THIRD DELIVERY POOL

75 West Center, Provo, Utah 84601  
 Phone: 1-888-PHARMANEX • Fax to: 1-800-487-8000

My signature below indicates that I, on behalf of myself or my business, as applicable, have received information relating to the Pharmanex® BioPhotonic Scanner ("Equipment"), which Equipment may be available for lease ("Lease") by Nu Skin United States, Inc. ("NSUS") during 2003. I acknowledge my or my business' interest, as applicable, in leasing the Equipment and related peripherals. I understand that the Lease will be subject to (i) my successful completion of training held by NSUS in the use of the Equipment, (ii) approval by NSUS of my Lease, which approval NSUS may withhold for any reason in its sole discretion, and (iii) approval of my credit, which information will be contained in a credit report provided by a credit-reporting agency selected by NSUS in its sole discretion. This information is to be obtained for the sole purpose and use of NSUS. I further understand that NSUS will attempt to deliver the Equipment to me as soon as it becomes available. I acknowledge that no specific delivery date for the Equipment has been designated or guaranteed by NSUS.

### Applicant/Business Information

Applicant's Legal Name		Applicant's SS# or Tax ID#	
Address		City/State	Zip Code
Daytime Telephone		Evening Telephone	
Fax Number		Email Address	

### Referring Distributor's Information

Sponsor's Name	Sponsor's ID#
----------------	---------------

### Type of Business

Corporation  
  Proprietorship  
  Ltd. Partnership  
  Ltd. Liability Company (please attach Articles of Organization)  
  Gen. Partnership  
  Other \_\_\_\_\_

Organizational No.	State of Formation
--------------------	--------------------

Upon approval and execution of the Lease, I, on behalf of myself or my business, as applicable, authorize NSUS or its affiliates to establish an automatic credit card debit arrangement to pay for the \$499.00 Lease down payment and each \$199.00 monthly rental payment for a period of 30 months and any renewal period, and other charges under the Lease. I have a prepaid lease option of \$5,700 that will cover the entire 30 month lease term. I may continue to lease the scanner beyond the initial 30 month lease term for a monthly extension fee of \$99 per month. I acknowledge that I will be charged a \$500 fee for early termination of the lease. I am supplying NSUS a valid VISA, MASTERCARD, AMERICAN EXPRESS or DISCOVER CARD number(s) along with expiration date(s) and the name of the holder of such card. NSUS will make no other charges to my or my business' credit card account except those that I, on behalf of my business or myself, as applicable, have authorized in the Lease and/or Credit Application. (Use tax charges may fluctuate in accordance with changes in applicable use and sales tax rates.) All rental and other charges made under the Lease shall be paid by Lessee using the following credit card:

### Credit Card Information

Discover Card  
  American Express  
  VISA  
  MasterCard

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Cardholder's Signature \_\_\_\_\_

Credit Card Billing Address Zip Code \_\_\_\_\_

Card Holder Name as it Appears on the Credit Card \_\_\_\_\_

### Lease Application Deposit

I have deposited the sum of \$100.00 as a processing fee ("Deposit") with NSUS payable by credit card only. If I am approved for a Lease of the Equipment by NSUS and execute a Lease Agreement, my \$100.00 Deposit will be credited against the Lease down payment of \$499.00. I agree that if I am not approved for a Lease of the Equipment, or if I chose not to execute a Lease Agreement, NSUS may retain \$50.00 of the Deposit for administrative expenses and return \$50 to me.

### Scan Operator Remuneration

The Primary purpose of the Pharmanex® BioPhotonic Scanner is to encourage the usage and subscription of LifePak® through Automatic Delivery. Scan-operator remuneration is intended to help defray the costs of the Pharmanex® BioPhotonic Scanner lease, and is not intended as a business opportunity in itself. Each time a scan is performed the system will require that a scan certificate number be entered. Each scan certificate has its own unique number valid for one use only. There are two types of scan certificates: initial certificates, and subsequent certificates. Initial scan certificates can be purchased from Pharmanex U.S. in quantities of 10 (\$30), 20 (\$50) and 100 (\$200) at full PSV. LifePak® ADP participants will receive one free Subsequent Scan Certificate every 60 days. A scan operator will receive \$10 compensation for each initial scanned consumer/distributor who also subscribes to LifePak® ADP within one year of the original scan. The scan operator will also receive \$5 for each subsequent scan of a subscriber to LPADP. Compensation is paid to each scan operator regardless of genealogical relationship of the individual requesting a scan. Additionally, a scan operator will receive a \$100 bonus for every 50 scans that result in a LifePak® ADP signup, up to \$200 maximum. I understand that I may be required to enter into a separate agreement which will contain the foregoing remuneration terms.

**APPLICANT ACKNOWLEDGES AND REPRESENTS THAT THE EQUIPMENT WILL BE USED PRIMARILY FOR BUSINESS OR COMMERCIAL PURPOSES AND NOT FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES. Applicant authorizes and requests all credit reporting agencies to furnish NSUS and/or its affiliates with opinions and credit information on or affecting Applicant for this Application. Applicant agrees to hold NSUS and its affiliates harmless from any claims, direct or indirect, that may result from receiving such information. Applicant authorizes NSUS and its affiliates to provide this Application and the information herein to any such credit reporting agencies.**

**AS REQUIRED BY UTAH LAW, YOU ARE HEREBY NOTIFIED THAT A NEGATIVE CREDIT REPORT REFLECTING ON YOUR CREDIT RECORD MAY BE SUBMITTED TO A CREDIT-REPORTING AGENCY IF YOU FAIL TO FULFILL THE TERMS OF YOUR CREDIT OBLIGATIONS UNDER THE LEASE.**

Authorization of Applicant	Title	Date
----------------------------	-------	------