



**Private Business Reception (PBR)
Presentation & Quick Start Package**

PBR Checklist

- Professional and Easily Accessible Location (Preferably New IMRs Home)
- 19"-27" Television & DVD Player (with Remote)
- Current 5LINX DVD Presentation
- Sign-in Sheet & Name Tags (RED: Guests & BLUE: Members)
- Professional Copies of the 5LINX PBR Presentation & Quick Start Package
- GLOBALINX DTA Box or Video Phone for Demonstration
- Flyers Promoting the Next Major BOM/Event in the Area
- Two Team Partners for Presenter If Needed

Partner 1 _____

Partner 2 _____

Use the following documents to assist you in conducting your Private Business Reception. Follow as described and have total success in your business.

PBR HOST

- Make sure all guests have signed-in using the 5LINX sign-in sheet. Make one copy for the host and one copy for the presenter.
- Display 5LINX literature, brochures, and magazines.
- When the first guest arrives, begin showing various lifestyle profiles while waiting for other guests to arrive.
- Thank everyone for coming and briefly share your story and tell why you got involved with 5LINX, then play the "Full Presentation".

PBR PRESENTER

- Host introduces the presenter
 - Presenter: Tell your short story. Keep it brief and simple.
 - Distribute the 5LINX PBR Handout. Follow through the handout package or present from the 5LINX PowerPoint slides.
 - Give all guests in the room applications.
 - Show the 5LINX Quick Start video
 - Close with final remarks
 - Promote the next major event in the area
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[Insert One Page Handout PDF]

[Insert One Page Quick Start PDF]

Enroll now and start your own home based business today!



Independent Representative Application and Agreement

5LINX Enterprises, Inc.
50 Methodist Hill Drive, Suite 1500
Rochester, New York 14623
Fax: 585 359-0233 • www.5LINX.com

OFFICE USE ONLY

Data Entry	Date
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To Avoid Errors, Please Type or Print Clearly

APPLICANT INFORMATION		
Name or Company Name		
LAST NAME	FIRST NAME	M.I.
Social Security or Fed. Tax ID No.	Date of Birth	
Address (No P.O. Box)		
City	State	Zip Code
Phone	Fax	
Email Address		

ENROLLER INFORMATION		
Name or Company Name		
LAST NAME	FIRST NAME	M.I.
Social Security or Fed. Tax ID No.	RIN	
Phone	Fax	

PERMANENT SPONSOR INFORMATION		
Name or Company Name		
LAST NAME	FIRST NAME	M.I.
Social Security or Fed. Tax ID No.	RIN	
<input type="checkbox"/> Check if Permanent Placement is same as Enroller		

Assumed Names, Corporations, Partnerships or Trusts. If your distributorship will be owned by a corporation, partnership or trust, or will be operated under an assumed name (e.g., XYZ Enterprises or John Doe and Associates), you must complete Document 103 and submit it with the 5LINX Independent Representative Application and Agreement and Proof of Tax ID.

REPRESENTATIVE STARTER KIT

- OR**
- I elect to join as a Customer Representative and Purchase 5LINX Standard Services (web hosting and standard reporting)** \$99
 - I elect to join as an Independent Marketing Representative (IMR) and Purchase 5LINX Standard Services (web hosting and standard reporting)** \$499

**First month of Standard Services are FREE, \$9.99 per month thereafter.

Gain 2 personal customer points; sign up for monthly Premium Services (web hosting and premium reporting): \$29.99/month (credit card only)

Method of payment (check one): VISA MasterCard Discover AMEX Money Order Personal Check

I authorize 5LINX Enterprises, Inc. ("5LINX") to charge the credit card indicated below for the amount I have selected. If 5LINX Standard Services are purchased, I hereby authorize 5LINX to charge my credit card \$9.99 per month. I understand I must give 30-day prior written notice in order to cancel such services.

Credit Card Number	Expiration Date	CVV2 Code	Billing Zip Code
Name (as it appears on card)		Authorized Customer's Signature	
Billing Address	City	State	Zip Code

By signing below, I apply to become a 5LINX Representative. I certify that I am of legal age (the age of majority) for the state in which I reside. I have carefully read the terms and conditions (www.5LINX.com/repagreement_terms.htm) and agree to abide by them. I understand that I have the right to terminate my distributorship at any time, with or without reason. I agree that such termination must be in writing.

Applicant's Signature _____ Date _____

Please mail or fax this Application and Agreement to 5LINX upon completing it to obtain a Representative Identification Number. You can fax both the front and back (585 359-0233) or mail the completed signed Application and Agreement to: 5LINX, Representative Application Department, 50 Methodist Hill Drive, Suite 1500, Rochester, New York 14623. Promotion qualifications are not valid and no commission or bonus checks will be sent to the applicant until 5LINX receives the signed Application and Agreement. Your canceled check or credit card charge, and your first monthly bonus report constitute your receipt and verification that your Application and Agreement has been accepted by 5LINX. If a check is refused for insufficient funds, then you will be charged a \$25 fee.

*By entering my Social Security (or Federal Tax Identification Number, if applicable) on this Representative Application and Agreement, I certify that this number is my correct taxpayer identification number. I have not been a 5LINX Representative, or a partner, shareholder, or principal of any entity having a 5LINX distributorship within the past one year. I understand that any intentional misrepresentation of any information I provide on this Application and Agreement may result in action by 5LINX, up to and including termination of this Application and Agreement.

You, the buyer, may cancel this transaction at any time prior to midnight of the tenth business day after the date of this transaction. See notice of cancellation on the back of this form for an explanation of this right.

Notice of Cancellation

Date: _____

You may CANCEL this transaction, without any penalty or obligation, within TEN BUSINESS DAYS from the above date. If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within TEN BUSINESS DAYS following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be cancelled. If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale; or you may if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk. If you do make the goods available to the seller and the seller does not pick them up within twenty days of the date of your notice of cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract. In the event that you cancel this transaction after an IMR starter kit has been sent to you, a \$25 materials fee will be deducted from any refund issued to you. To cancel this transaction, mail, fax or deliver a signed and dated copy of this cancellation notice to SLINX Enterprises, Inc. 50 Methodist Hill Drive, Suite 1500, Rochester, New York 14623.

NOT LATER THAN MIDNIGHT OF _____, 20____. I HEREBY CANCEL THIS TRANSACTION.

Date: _____ Buyer's Signature: _____

Terms and Conditions

- I understand that as a SLINX Representative:
 - I have the right to purchase products and services from SLINX at the Representative Price.
 - I have the right to offer for sale SLINX products and services in accordance with these Terms and Conditions.
 - I have the right to enroll persons in SLINX.
 - I will assist, train, and motivate the representatives in my downline marketing organization.
 - I will comply with all federal, state, county, and municipal laws, ordinances, rules, and regulations, and shall make all reports and remit all withholdings or other deductions as may be required by any federal, state, county, or municipal law, ordinance, rule or regulation.
 - I will actively develop, service, and/or maintain at least ten customers to receive earned position CABs and Bounty Bonuses. I understand that I must keep accurate records of retail sales and SLINX may periodically ask me to provide documentation of such sales to SLINX.
 - I will not purchase any product or service solely for the purpose of qualifying for overrides, commissions, or bonuses.
 - I will perform my obligations as a Representative with honesty and integrity.
 - I will only use the sales contracts and order forms which are provided by SLINX for the sales of its goods and services, and I will follow all policies and procedures established by SLINX for the completion and processing of such contracts and orders.
- I agree to present the SLINX Marketing and Compensation Plan and SLINX products and services as set forth in official SLINX literature. I will make no claims regarding potential income, earnings, products and services beyond what is stated in official SLINX literature. Unless I have received express written permission from SLINX, I will not: (a) use, produce, create, publish, distribute, or obtain from any source other than SLINX, any literature, recordings (audio, video, or otherwise), sales or enrollment aids relating to SLINX products, services, or the SLINX Marketing and Compensation Plan; (b) use or display any SLINX trademarks, trade names, service marks, logos, designs or symbols; (c) advertise SLINX products, services, or the SLINX opportunity.
- I agree that as a SLINX Representative I am an independent contractor, and not an employee, agent, partner, legal representative, or franchisee of SLINX. I am not authorized to and will not incur any debt, expense, obligation, or open any checking account on behalf of, for, or in the name of SLINX. I understand that I shall control the manner and means by which I operate my SLINX distributorship, subject to my compliance with these Terms and Conditions, the SLINX Policies and Procedures and the SLINX Marketing and Compensation Plan (all of which are collectively referred to as the "Agreement"). I agree that I will be solely responsible for paying all expenses incurred by myself, including but not limited to travel, food, lodging, secretarial, office, long distance telephone, and other expenses. I UNDERSTAND THAT I SHALL NOT BE TREATED AS AN EMPLOYEE OF SLINX FOR FEDERAL OR STATE TAX PURPOSES. SLINX is not responsible for withholding, and shall not withhold or deduct from my bonuses and commissions, if any, FICA, or taxes of any kind, unless such withholding becomes legally required. I agree to be bound by all sales tax collection agreements between SLINX, Inc. and all appropriate taxing jurisdictions, and all related rules and procedures.
- I have carefully read and agree to comply with the SLINX Policies and Procedures and the SLINX Marketing and Compensation Plan, both of which are incorporated into and made a part of these Terms and Conditions. I understand that I must be in good standing, and not in violation of any of the terms of this Agreement, in order to be eligible to receive any bonuses or commissions from SLINX. I understand that these Terms and Conditions, the SLINX Policies and Procedures, or the SLINX Marketing and Compensation Plan may be amended from time to time, and I agree that any such amendments will apply to me. Notification of amendments shall be published in official SLINX materials and sent to all representatives. The continuation of my SLINX distributorship or my acceptance of bonuses or commissions shall constitute my acceptance of any and all amendments.
- The term of this Agreement shall be from the date on which it is accepted by SLINX to the same date of the following year. Thereafter, the annual term shall be from the acceptance date for each subsequent year. If I fail to annually renew my SLINX business, or if it is cancelled or terminated for any reason, I understand that I will permanently lose all rights as a Representative. I shall not be eligible to sell SLINX products and services nor shall I be eligible to receive commissions, bonuses, or other income resulting from the activities of my former downline sales organization. In the event of cancellation, termination, or non-renewal, I agree to waive all rights I have, including but not limited to property rights, to my former downline organization and to any bonuses, commissions, or other remuneration derived through the sales and other activities of my former downline organization.
- I may not assign any rights or delegate my duties under this Agreement without the prior written consent of SLINX. Any attempt to transfer or assign this Agreement without the express written consent of SLINX renders this Agreement voidable at the option of SLINX and may result in termination of my distributorship.
- I understand that if I fail to comply with the terms of this Agreement, SLINX may, at its discretion, terminate my distributorship or impose upon me other disciplinary action, including but not limited to, forfeiture of bonuses and commissions, loss of all or part of my downline marketing organization. If I am in breach, default, or violation of this Agreement at termination, I shall not be entitled to receive any further bonuses or commissions, whether or not the sales for such bonuses or commissions have been completed. If this Agreement is terminated for any reason, I will forever lose my rights as a Representative, including rights to my downline marketing organization, and rights to compensation pursuant to the SLINX Marketing and Compensation Plan. If I fail to pay for products and services when payment is due, I authorize SLINX to withhold the appropriate amounts from my bonus or commission checks, to charge my credit cards, or debit my checking accounts, if any, which I have authorized SLINX to charge. I understand that the failure to promptly pay for products constitutes a breach of this Agreement.
- To the extent permitted by law, SLINX, its directors, officers, shareholders, employees, assigns, successors, and agents (collectively referred as "affiliates"), shall not be liable for, and I release SLINX and its affiliates from, and waive all claims for any loss of profits, indirect, direct, special, or consequential damages or any other loss incurred or suffered by me as a result of: (a) my breach of this Agreement or the SLINX Policies and Procedures; (b) the improper promotion or operation of my distributorship and any activities related to it (e.g., the presentation of SLINX products or Marketing and Compensation Plan, the operation of a motor vehicle, the lease of meeting or training facilities, etc.); (c) any incorrect or wrong data or information provided by me; or (d) the failure to provide any information or data necessary for SLINX to operate its business, including without limitation, my enrollment and acceptance into the Marketing and Compensation Plan or the payment of Bonuses or Commissions. I agree that the entire liability of SLINX and its affiliates for any claim whatsoever related to the relationship of SLINX and myself, including but not limited to, any cause of action sounding in contract, tort, or equity shall not exceed, and shall be limited to, the amount of products I have purchased from SLINX under this Agreement or any other agreement that are in resalable condition. I further agree to indemnify, hold harmless, and defend at my expense SLINX and its affiliates against any and all claims, demands, liabilities, judgments, attorney fees and all other expenses arising or alleged to arise in connection with my distributorship.
- This Agreement constitutes the entire contract between SLINX and myself. Any promises, representations, offers, or other communications not expressly set forth in this Agreement are of no force or effect. To the extent of any conflict or inconsistency between this Agreement and any other agreement (other than the Policies and Procedures), this Representative Application and Agreement shall supersede and prevail over any term of any other agreement as to the matters addressed herein. To the extent of any conflict or inconsistency between this Agreement and the Policies and Procedures (in their current form or as subsequently modified), the Policies and Procedures shall in all instances supersede and prevail over any term of this Agreement as to the matters addressed herein.
- Any waiver by SLINX of any breach of this Agreement must be in writing and signed by an authorized officer of SLINX. Waiver by SLINX of any breach of this Agreement by me shall not operate or be construed as a waiver of any subsequent breach.
- In the event that a provision of this Agreement is held to be invalid or unenforceable, such provision shall be reformed only to the extent necessary to make it enforceable, and the balance of the Agreement will remain in full force and effect.
- This Agreement will be governed by and construed in accordance with the laws of the State of New York, unless the laws of the state in which I reside expressly require the application of its laws. Except as set forth in the SLINX Policies and Procedures, or unless the laws of the state in which I reside expressly prohibit the consensual jurisdiction and venue provisions of this Agreement, in which case its laws shall govern, all disputes and claims relating to SLINX, the Representative Agreement, the SLINX Marketing and Compensation Plan or its products and services, the rights and obligations of an independent Representative and SLINX, or any other claims or causes of action relating to the performance of either an independent Representative or SLINX under the Agreement or the SLINX Policies and Procedures shall be settled totally and finally by arbitration in Rochester, NY, or such other location as SLINX prescribes, in accordance with the Federal Arbitration Act and the Commercial Arbitration Rules of the American Arbitration Association. The parties shall be allowed all discovery rights pursuant to the Federal Rules of Civil Procedure. If a Representative files a claim or counterclaim against SLINX, a Representative shall do so on an individual basis and not with any other Representative or as part of a class action. The decision of the arbitrator shall be final and binding on the parties and may, if need be, be reduced to a judgment in any court of competent jurisdiction. Each party to the arbitration shall be responsible for its own costs and expenses of arbitration, including legal and filing fees. This agreement to arbitrate shall survive any termination or expiration of the Agreement.
- The parties consent to jurisdiction and venue before any federal or state court in Monroe County, State of New York for purposes of enforcing an award by an arbitrator or any other matter not subject to arbitration. If the law of the state in which the applicant resides prohibits consensual jurisdiction and venue provisions for purposes of arbitration and litigation, that state's law shall govern issues relating to jurisdiction and venue.