Request for Cancellation of Independent Distributor Agreement

Last Name, First Name of Independent Distributor	
Last Name, First Name of Co-Applicant	
Conklin Account Number	
Email (for confirmation of cancellation)	Phone

CANCELLATION POLICY

Upon cancellation, the Independent Distributor continues to be bound by the confidentiality and non-compete sections of the Independent Distributor Agreement shown below.

- Independent Distributor acknowledges and agrees that all information concerning CONKLIN Independent Distributors (hereinafter known as "Confidential Information") is of great value to CONKLIN. Independent Distributor agrees not to disclose any Confidential Information to any person except as expressly authorized by CONKLIN in writing and shall not use Confidential Information for any purpose other than the performance of Independent Distributor's functions and duties as a CONKLIN Independent Distributor.
- Independent Distributor further agrees that, during the life of this Agreement and for a period of 18 months from and after cancellation or termination hereof, he or she shall not, directly or indirectly, solicit, recommend, suggest or induce any CONKLIN Customer or Independent Distributor to become a Customer of or representative for any person or entity other than CONKLIN engaged in the business of marketing or selling product(s) or service(s) by means of any direct sales or network marketing.

Please initial each item below to indicate your understanding and agreement with our cancellation policy.

_____ Upon cancellation, the rights, privileges, and obligations of the Independent Distributor and Co-Applicant (if applicable) under the Conklin Independent Distributor Agreement cease except the rights and obligations provided to survive expiration or termination of the Agreement.

_____ The Independent Distributor and Co-Applicant (if applicable) continue to be bound by the confidentiality and non-compete terms of the Independent Distributor Agreement detailed at left .

_____ Cancellation does not negate any remaining account balances due.

_____ Product discounts, training credits, and audit status cease with cancellation.

_____ Before Independent Distributor/Co-Applicant may apply for a new Conklin ID number, they must observe a 12-month waiting period from the date of their last order to their application date.

Reapplying after Cancellation

After cancelling their Independent Distributor Agreement, the former Independent Distributor may not have any purchasing activity one year from the date of cancellation before submitting another Independent Distributor Application & Agreement.

By my/our signature(s), I/we confirm that the above information is correct, I/we have read and understood the cancellation policy and I/we request cancellation of my/our Conklin account.

_____ _____

Signature of Independent Distributor Date

_____ _____

Signature of Co-Applicant (*required if there is a Co-Applicant)* Date

Submitting this Form

Please allow 24 hours for processing.

Email to enroll@conklin.com

Fax to 952-496-4280

Mail to:

Distributor Support Services
Conklin Company Inc.
3951 N Kimball Drive
Kansas City, MO 64161
952-496-4242

OFFICE USE ONLY	
ID #	Date

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