

**Personal Information Full Name:** First Last M.I. Address: Street Address Apartment/Unit # City Province Postal Code **Contact Phone** Number: Member No.#: **Email:** GST Information **Business Name:** GST No.#: Commission Amount (CAD\$): **GST/HST Amount Due: GST/HST Rate: Time Period** (associated with commission): (For Young Living Use Only) Invoice No.#: **Invoice Date:** Form completed Form missing in full (Yes or No): information (specify): Form sent for Form returned to approval (date): Member (date): **Tax Department** Approval Date: Approved by: