



## House of Herbs Trader Corp.

Room 207 2/F, Melta Bldg., Villa Nicasia III, Tanzang Luma  
Imus Cavite 4103

# MEMBER AGREEMENT FORM

TO WHOM IT MAY CONCERN:

*This is to signify that I \_\_\_\_\_, of legal age who currently resides in \_\_\_\_\_, is agreeing to all of the terms and conditions set by the House of Herbs Trader Corp. as indicated in the memo with reference number 20181005-001 entitled, "Single Account Policy" and would like the following to be used to upgrade my existing account to a higher package as follows:*

- Main and additional accounts
- Pending non-paired points
- Payable Un-redeemed Income

*I hereby waive all my rights of claim to any income generated from the previous system and agree to follow the computations and guidelines of the new marketing plan as specified.*

Signed by:

\_\_\_\_\_  
(Signature over printed name/date)

### Member Contact Information (Required):

Mobile Number:

Email Address:

*Please kindly fill-out the details of this form, print, place your signature and send to [customer.care@houseofherbs.biz](mailto:customer.care@houseofherbs.biz).  
Thank you from the House of Herbs Trader Corp. Team!*