

Individual / Company Name (As it should appear on all records)			E-Mail
Owner / Manager			Federal Tax ID#
Remitting Address (Commissions sent to this address)	City	State	Zip
			<u></u>
Physical Address	City	State	Zip
Telephone	Fax	Consorti	um / Franchise (if applicable)
This agreement is made and entered into as of the date shown below, by and between MEDJET Assistance, LLC (MedjetAssist), and the individual or company listed above. It is understood that the individual or company listed above desires to represent and sell the MedjetAssist membership program to its individual and group clients. MedjetAssist reserves the right to change and/or amend these benefits and rate structure without prior written notice.			
The sales agent and/or company shall: 1) agree to represent the MedjetAssist existing clients, as well as any future clients that they consider qualified prosprate structure as it is written in US dollars (USD). It is understood that the Merates are not to be modified in any way without first being approved by Medjetare represented in any other way than that approved by MedjetAssist, this ag	pects for the program edjetAssist program etAssist. It is further	m, and 2) represent the Me is not insurance, and that understood that if the pro	edjetAssist benefit program and the membership benefits and ogram benefits or rate structure
MedjetAssist shall: 1) pay the company/sales agent a commission of X% for for each renewed individual or family membership, subject to active status, at materials such as, but not limited to brochures, enrollment forms, and agency group meeting in order to facilitate the enrollment of the company/sales agent the company/sales agent, 4) process all enrollment applications in a timely maservices to be provided, and 6) provide the company/sales agent with a regul commission check paid in USD.	nd 2) supply the cor (handbooks, and 3) at's group clients, as anner, and 5) agree	npany/agent with all the n provide marketing person determined to be necessa to provide each member	ecessary marketing support anel to assist with any large ary by both MedjetAssist and with an explanation of the
MedjetAssist will send commission reports and checks between the 15th and 20th of the following month. Please note that commissions are paid based on the effective date of membership, not the date paid. Should the amount due be less than \$100USD, the company/sales agent will be paid at the end of the quarter, or when the company/sales agent reaches commissions worth \$100USD - whichever comes first.			
MedjetAssist offers members the option of purchasing multi-year membership subsequent years to extend the membership one year at a time. Sales agent membership. Commission on the first year portion of the new membership is membership are paid annually at X% .	commissions for mu	lti-year memberships are p	pro-rated over the period of the
Upon completion and approval of this sales agreement, a sales tracking number will be assigned to the above company/sales agent. Please make sure all materials you receive from MedjetAssist have this tracking number clearly in place. When enrolling by phone or over the internet, it is always the agent's responsibility to provide this tracking number and/or agency name as a reference. All commissions are paid based on this information.			
This agreement may not be assigned or transferred, nor may any of the obligations of either party hereunder be delegated by either party without the prior written consent of the other, and any such assignment without such consent shall be null and void. This agreement shall remain in force for one year from the date hereof and may be automatically renewed for successive one-year terms if the company/agent maintains an active sales status. Either party has the right to terminate this agreement by providing the other party 30 days advance written notice. Terms and conditions contained within this Sales Agent Agreement are subject to change without prior written notice.			
The parties hereto have duly executed this agreement in duplicate as of this _	day of	, 20_	.
Individual / Owner / Manager	MEDJET Assi	stance, LLC	
Signature:	Signature: _		