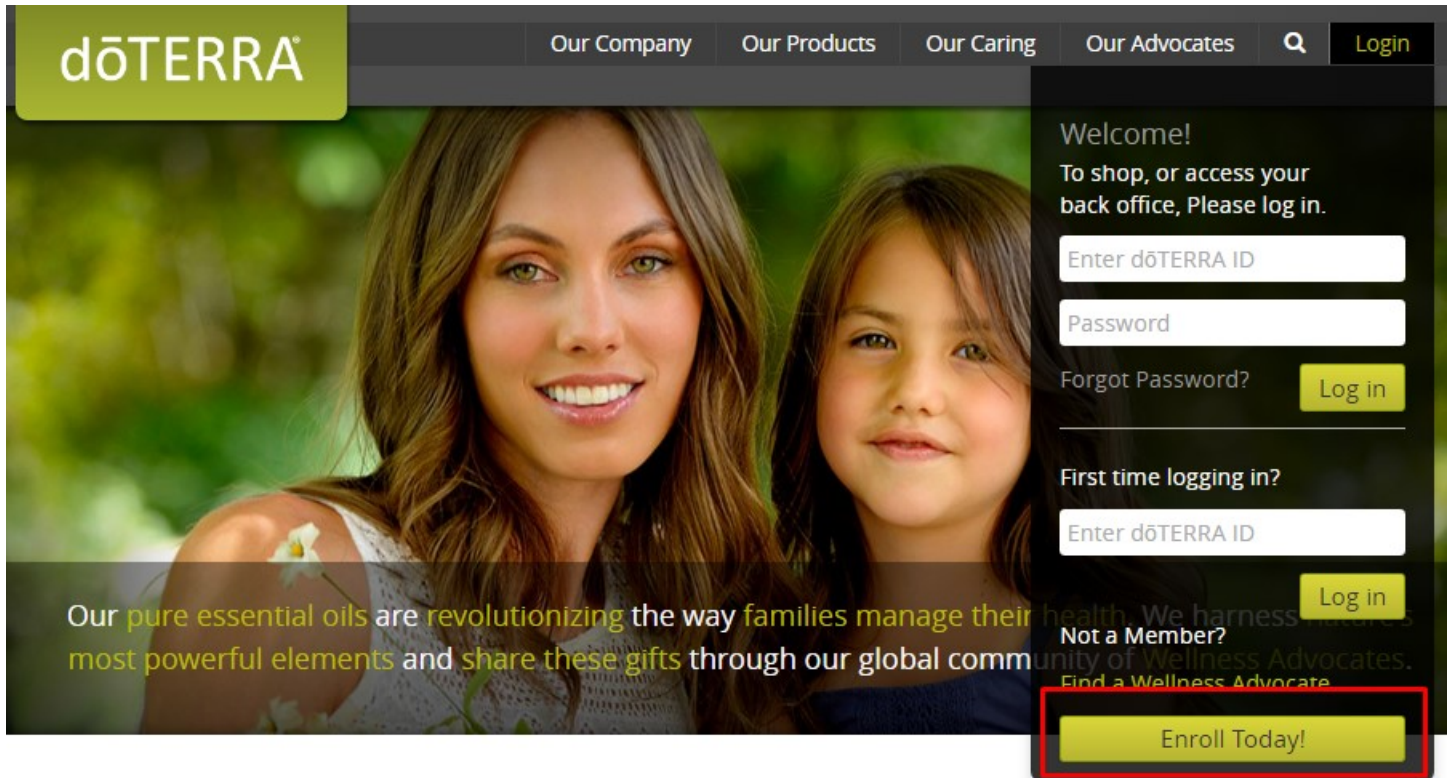


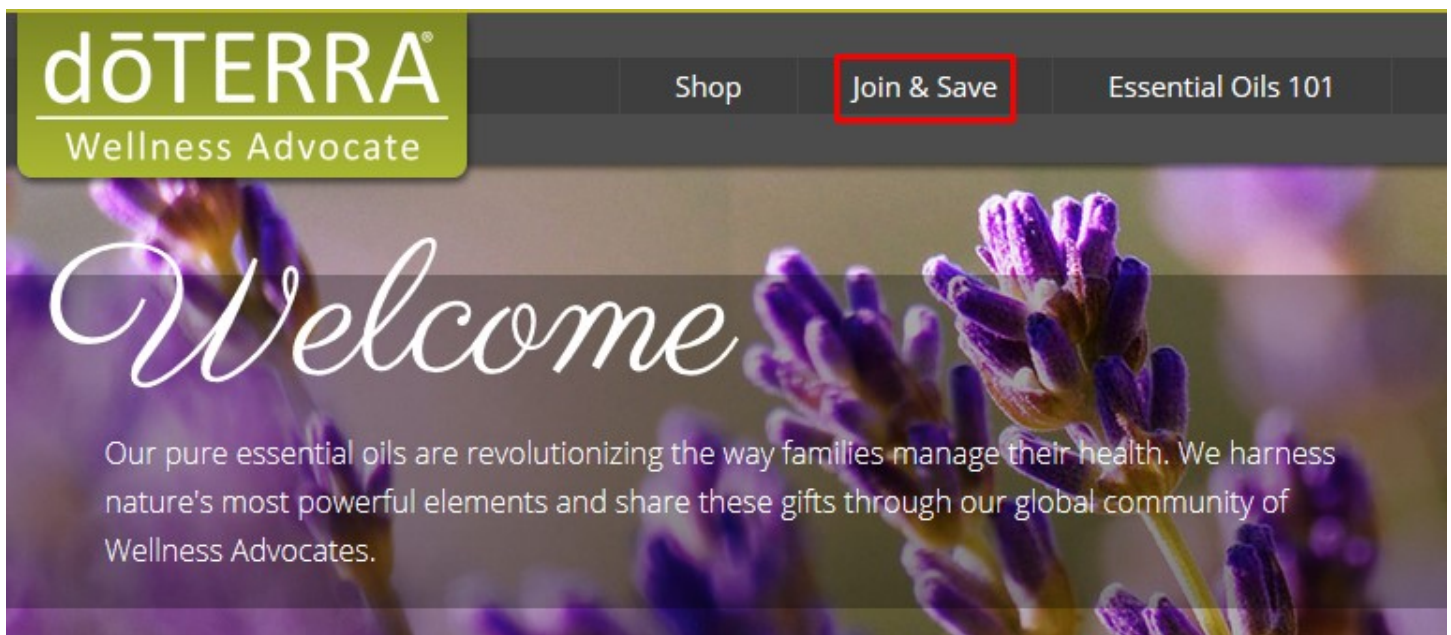
# How to get started in doTERRA

Go to [www.doterra.com](http://www.doterra.com)

Click Login in the top right, then “Enroll Today”. Or you can call doTERRA 1-800-411-8151 and they’ll help you get started. (Have the Member ID ready of the person who referred you to doTERRA)



OR.....If a friend gave you their personal doTERRA business link then click “Join & Save” at the top.



Select your language and country



Welcome to dōTERRA!

What is your preferred language?

English

What is your country of residence?

United States

CONTINUE

Select your account type.

Both are similar, except for the noted difference in red.

☒ **Wholesale Customer**

- Receive wholesale pricing (25% discount) on all product purchases
- Option to receive 10-30% of your total purchase back in FREE product points
- Eligible to receive dōTERRA's FREE Product of the Month
- No monthly order commitment required
- No tax ID required

SSN **NOT** required. You'd just like to consumer the product for now. You can upgrade to a Wellness Advocate anytime for free



☐ **Wellness Advocate**

- Receive wholesale pricing (25% discount) on all product purchases
- Option to receive 10-30% of your monthly purchases back in FREE product points
- Eligible to receive dōTERRA's FREE Product of the Month
- No monthly order required
- Earn compensation and bonuses for sharing dōTERRA products with others
- Able to sign up new Wholesale Customers and Wellness Advocates



SSN **IS** required. You are interested in sharing dōTERRA with others as a business, earning commissions.

## Enter in all required information.

### Personal Information

\*Primary First Name:

\*Primary Last Name:

Co-App First Name:

Co-App Last Name:

\*Address:

(line 2):

\*City:

\*State:

\*Zip or Postal Code:

Country:

\*Time Zone:

### Shipping Address

☐ My shipping address is the same as my mailing address

\*Address:

(line 2):

\*City:

\*State:

\*Zip or Postal Code:

Country:

### Contact Information

\*Evening Phone:


Day Phone:

Cell Phone:

Fax:

\*Email:

☒ Check this box to receive information via email from dōTERRA.

 \*TaxID:  [\\* Why Tax ID?](#)

\*Birth Date:

Must be 18 years old

### Please Enter Your Sponsor ID

\*Enroller ID:  No Enroller ID? [About Placement](#)

Sponsor ID:  Leave blank if same as enroller

Enter the Member ID of the person who referred you to doTERRA in both boxes. Unless, of course, they are already filled in.





### Create A Password

\*Enter Password:

\*Re-Enter Password:

This password enables you to login, shop, and manage your dōTERRA account.

Password must have:

-  8 to 15 letters and numbers
-  at least 1 Capital Letter
-  at least 1 Lower Case Letter
-  at least 1 Number

Must add at least 1 starter kit to your 1st order. These are the top 4.



US Family Essentials & Beadlet Enrollment Kit



#80200540  
Your Price: \$150.00  
PV: 110

US Oil Sharing Enrollment Kit



#80200544  
Your Price: \$800.00  
PV: 700

US Family Wellness Enrollment Kit



#80200542  
Your Price: \$275.00  
PV: 225

US Natural Solutions Enrollment Kit



#80200543  
Your Price: \$550.00  
PV: 400



ADD TO CART

ADD TO CART

ADD TO CART

ADD TO CART

Add any additional products to your 1st order

My 1st Order Cart



[View Price List](#)[View Product Guide](#)

Item	Quantity	Volume	Total PV	Price	Total Price	Remove
Enter additional item # or product name						
SUBTOTAL			0.00	SUBTOTAL	\$0.00	
Shipping					--	
Tax					--	
					--	
Total Amount Paid					--	

Select shipping method

Preferred Shipping Method \*

☐ 2 Days

☐ Economy

☐ Next Day

☒ Standard

☐ UPS Signature Required

☐ doTERRA Product Center (Will Call)



## Enter Billing info

### Bill to:

☐ My billing address is the same as my shipping address

### Payment:

Credit Card information will be collected on the next page.

\*First Name:

\*Last Name:

\*Address:

(line 2):

\*City:

\*State:

\*Zip or Postal Code:

Please note that this ZIP must match the ZIP associated with the card being used.

Country:

\*Phone:

Use the following format, (999) 999-9999

Email:

Be sure the zip code matches  
the zip code associated with  
the credit card

PROCESS ORDER NOW & CONTINUE >>

## Enter Payment Information. Process Order.

### Payment Information



Name On Credit Card:

Card Number:

Expiration Date:  /

Verification Code:



Process Order

# Welcome to doTERRA!!