DISTRIBUTOR APPLICATION

Distributor ID: 1001

dsa.org.uk

OFT Approved code

FOREVER LIVING PRODUCTS (U.K.) LIMITED

is a member of the Direct Selling Association and complies with its Code of Practice

Head Office: Longbridge Manor, Longbridge, Warwick, CV34 6RB
Regsitered in England and Wales number: 2269910
Registered Office: Longbridge Manor, Longbridge, Warwick CV34 6RB
Tel: 01926 626600 Fax: 01926 626636 www.foreverliving.com

INVESTOR IN PEOPLE

Please use BLOCK CAPITALS:

Applicant's Surname:

Applicant's First Name:

VAT Registered: Yes / No

Spouse's Surname:

Spouse's First Name:

Address:

Postcode:

Tel. Home:

Mobile:

To receive the Distributor email and notice of special offers please include your email address:

THESE DETAILS ARE REQUIRED FOR CREDIT PURPOSES ONLY. NO DEBIT AUTHORISATION REQUESTED.

Bank Sort Code: **Account No:** **Building Society Ref No:** **Account Name:**

This is an agreement between the above named applicant ('the Distributor') and Forever Living Products (U.K.) Limited ('the Company'). The Company markets natural health and beauty care products and such other products and services as the Company may market from time to time ('Products').

I HEREBY APPLY FOR APPOINTMENT AS AN INDEPENDENT DISTRIBUTOR OF THE COMPANY. I UNDERSTAND THAT MY APPOINTMENT WILL BE EFFECTIVE UPON THE COMPANY CONFIRMING MY APPOINTMENT. IN SIGNING THIS FORM, I UNDERSTAND AND AGREE TO THE TERMS OVERLEAF.

Before you sign this form, make sure you have read it carefully, in particular the statutory warning below. Make sure you have received a copy of the Company Policy Handbook. It forms part of your Agreement.

STATUTORY WARNING

- It is illegal for a promoter or a participant in a trading scheme to persuade anyone to make a payment by promising benefits from getting others to join the scheme.
- Do not be misled by claims that high earnings are easily achieved.
- IF YOU SIGN THIS AGREEMENT, YOU HAVE 14 DAYS IN WHICH TO CANCEL AND GET YOUR MONEY BACK.

OFFICE USE ONLY

Order No:

Area Supervisor's Signature:

Applicant's Signature: **Date:** / /

Spouse's Signature: **Date:** / /

on behalf of the company

DETAILS OF FIRST ORDER MIN £100

- ☐ Clean & Lean Business Pack £199.75
- ☐ Touch of Forever Combi Pack £199.75
- ☐ Fast Start Pack £199.75
- ☐ Beauty Box £199.75
- ☐ Skin Care Pack £127.84
- ☐ Lifestyle 30 Pack £117
- ☐ Animal Pack £89.61
- ☐ Clean 9 Pack £69.50
- ☐ Personal Use Product Pack £56
- ☐ Other (min order £100) – Please use Distributor Order Form(s) to specify requirements.

CHOOSE YOUR METHOD OF PAYMENT (credit or debit card only)

☐ Mastercard ☐ Visa ☐ Delta ☐ Switch ☐ American Express ☐ Solo ☐ Electron ☐ Maestro

Switch Only

Card No: **Start Date:** **Expiry Date:** **Issue No:**

Delivery Address: (if different from home address)

Special Instructions: (Please always give special instructions where parcel can be left if out)

SPONSOR'S DETAILS

Full Name:	ID No:	Tel:	Signature:	Date:
JOHN A HYNES	32684	02476431374		12/11/08

PINK COPY: Sponsor

BLUE COPY: Distributor

WHITE COPY: Head Office

Code: 0909/J