



APPLICATION

Partner Program

About You

| | | |
|-------------------|----------|-----------|
| First Name: | Surname: | |
| Company Name: | ABN: | |
| Shipping Address: | | |
| | | |
| Suburb: | State: | Postcode: |
| Phone: | Mobile: | |
| Email: | | |

About Your Agel Business Partner

| | |
|--------|----------|
| Name: | Agel ID: |
| Phone: | Email: |

About Your Payment Method

| | | | |
|---|------------------------------------|-------------------------------------|---|
| Name on Card: | | | |
| Card Type: | <input type="checkbox"/> Visa Card | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| Credit Card Number: | | | |
| Expiry Date: | / | CCV: | Security Digits on back of card |
| Authorised Signature: | | Date: | |
| Credit Card Billing Address: Enter your billing address below if different from above | | | |
| Name: | | | |
| Street: | Suburb: | Postcode: | |

About Your Registration

| | | |
|--|---|--|
| Registration: | <input type="checkbox"/> \$45 Placeholder | <input type="checkbox"/> Free Pre-Registration |
| Pre-Order: * | <input type="checkbox"/> \$363 One Box | <input type="checkbox"/> \$1452 Four Boxes |
| At-Launch: *^ | <input type="checkbox"/> \$363 One Box | <input type="checkbox"/> \$1452 Four Boxes |
| My Preferred: | Team Member ID: | Password: |
| | Team Member ID is a Word | Must include letters and at least 1 number |
| My Autoship: | _____ x Boxes \$330 ea | <input type="checkbox"/> No Initial Autoship |
| Autoship Date: <input type="checkbox"/> 1 st or <input type="checkbox"/> 5 th or <input type="checkbox"/> 10 th Autoships arrive monthly. | | |

* **Pricing AU\$363 per box plus shipping.** Shipping Additional to product prices. Product and Shipping attract GST. (21032008)
 ^ At-Launch Orders will be reserved until Australian Launch and processed upon launch date. Pre-registered Partners will be contacted to confirm that the order is about to proceed. Check website or ask your Business Manager for details. Launch: 7 April.

Please return form to: Matt Seaman, matt@mattseaman.info or Fax 07 5564 6636 or call 0433 942 079 for collection.
 Partner Program Members become Agel Distributors upon order being processed. www.WhyDontYouKnow.com/Ageless