

APPLICATION

A-TEAM "EU" TEAM MEMBER INFORMATION

FIRST NAME:		SURNAME:	
COMPANY NAME:			
SHIPPING ADDRESS:			
		SUBURB:	
STATE:		POST CODE:	
PHONE:		MOBILE PHONE:	
E-MAIL:			
SPONSORS ID:		NAME ON CREDIT CARD:	
SPONSORS NAME:			
LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>			
EXCLUSIVE EUROPEAN PRICING (SUBJECT TO CHANGE WITH EXCHANGE RATE):		PAYMENT: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
ENROLLMENT FEE (includes 1 Start Kit) €25 Euro £15 British Pound		CREDIT CARD #:	
EXECUTIVE KIT (16 Cartons of product) €875 Euro + Shipping and VAT £585 British Pound + Shipping and VAT		EXP. DATE: /	SECURITY CODE: (LAST 3 DIGITS ON BACK OF CARD)
RETAILER KIT (4 Cartons of product) €195 Euro + Shipping and VAT £135 British Pound + Shipping and VAT			
PASSWORD: (NEEDS TO CONTAIN WORDS AND MIN. 1 NUMBER)		SIGNATURE:	
AUTOSHIP: <input type="checkbox"/> EXO Quantity: __ <input type="checkbox"/> FIT Quantity: __ <input type="checkbox"/> UMI Quantity: __ <input type="checkbox"/> MIN Quantity: __ <input type="checkbox"/> OHM Quantity: __ (1 X BOX MINIMUM CAPPED INCOME US\$5,000) (2 X BOXES PLUS TO ACCESS ALL BONUSES)		CREDIT CARD BILLING ADDRESS: (IF DIFFERENT FROM ABOVE)	
MONTHLY SHIP DATE: <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th Please tick one of the above boxes for your Autoship.		NAME:	
		STREET:	
		SUBURB: POSTAL CODE:	
		PAY BY BANK DRAFT:	
		* Bank Name: _____	
		* Bank City: _____	
		* Bank Country: _____	
		* Bank Identification Code (BIC): _____	
		* International Bank Account Number (IBAN): _____	