



New Zealand Preferred Customer Application Form

Contact Details

First name:

Surname:

Shipping address:

Suburb:

City:

Post code:

Postal address:

Suburb:

City:

Post code:

Phone:

Mobile:

Email:

Skype name:

Agel User ID:

Setup password:

Payment by credit card

Card type (please tick):

Visa

MasterCard

Amex

Card number:

Expiry date:

/

Security code:

(3 or 4 digits on front or back of card)

Signature:

First product order		Subsequent monthly order via Agel Autoship	
Product	Quantity	Product	Quantity
EXO \$102 + gst		EXO \$102 + gst	
FIT \$102 + gst		FIT \$102 + gst	
FLX \$125 + gst		FLX \$125 + gst	
MIN \$102 + gst		MIN \$102 + gst	
UMI \$125 + gst		UMI \$125 + gst	
Ageless \$400 + gst		Ageless \$400 + gst	

On what day of the month would like to have your Autoship created? (please tick)

1st 5th 10th 15th 20th 25th

Sponsors Name:

Placement:

Agel ID:

Left Leg

Right Leg