



**FOREVER LIVING PRODUCTS**  
NEW ZEALAND LIMITED

**DISTRIBUTOR APPLICATION**

Forever Living Products New Zealand Limited  
278 Manukau Road, Epsom, Auckland  
PO Box 8190 Symonds Street, Auckland  
Phone 09 309 - ALOE (2563), Fax 09 309 6540

DISTRIBUTOR NUMBER									

First Order # \_\_\_\_\_

LAST NAME FIRST MIDDLE

BIRTH DATE		
DAY	MTH	YR

SPOUSES LAST NAME FIRST MIDDLE

BIRTH DATE		
DAY	MTH	YR

STREET ADDRESS

POSTAL ADDRESS, if different

_____	( ) _____	( ) _____
GST NUMBER, if registered	TELEPHONE NUMBER, Home	TELEPHONE, Work
MARITAL STATUS: SINGLE <input type="checkbox"/>	( ) _____	( ) _____
MARRIED <input type="checkbox"/>	FAX	MOBILE
_____	EMAIL	_____

**IF I AM ACCEPTED AS A NEW DISTRIBUTOR, I UNDERSTAND AND AGREE THAT:**

- I am acting on my own behalf as an individual and that I am 18 years of age or older.
- I have personally attended and received certification at a company approved certification meeting prior to selling company products.
- This application shall constitute a binding agreement between myself and Forever Living Products (FLP) at such time as this application is approved.
- I am an independent contractor in the business of selling consumer products. I am not an employee or legal representative of FLP for any purpose. I will be responsible for compliance with NEW ZEALAND LAW including, but not limited to those relating to licensing and taxation. I recognize that my remuneration is based on my performance of a supervisory, distributive, selling or soliciting function in the sale or delivery of products and not of the number of hours worked or an element of chance. FLP shall not be responsible for withholding of any taxes.
- There is no required minimum investment or minimum inventory required. Any purchases shall be in reasonable quantities.
- I have received and read FLP's "Company Policies". I agree to operate my business in accordance with these Company Policies, procedures and marketing plan. I understand that my acts, or lack of action, which may result in a misuse, misrepresentation or violation of such policies and procedures can cause the termination of my distributorship by the Company.
- I acknowledge that FLP may, after reasonable notice, charge, amend or modify this agreement and its policies, procedures and marketing plan to maintain a viable marketing system or to comply with legal requirements and changes in economic conditions and I shall operate my business in accordance with any such change, amendment or modification.
- I agree to properly represent the company products and its marketing plan. All forms of advertising including, but not limited to, audio and visual tapes and printed material, must be submitted and approved in writing by an authorized company representative prior to use.
- I understand that all purchase orders must be accompanied by full payment to FLP, including taxes.
- I MAY CANCEL THIS AGREEMENT AT ANY TIME EFFECTIVE UPON MAILING WRITTEN NOTICE TO FLP. If I should elect to cancel all products which I purchased from FLP and which are in my possession in a resaleable condition, shall be repurchased in accordance with FLP's company policies and procedures. For this purpose all products held by me for more than 180 days (6month) from the date of purchase shall be considered not to be in a resaleable condition.
- I understand that FLP will make its products available to me as a distributor and credit my sales efforts as set forth in the FLP marketing plan.
- As long as I am distributor and not in violation of this agreement, FLP shall pay me for my successful sales efforts in accordance with the various bonuses established by the FLP marketing plan.
- I agree that this agreement is personal in nature and cannot be assigned or transferred, except in the event of my death, wherein the same may be inherited by an individual who can qualify as a distributor.
- This agreement shall be governed by New Zealand law.

APPLICANT'S SIGNATURE SPOUSE'S SIGNATURE

DATE

SPONSOR'S DISTRIBUTOR NUMBER									

SPONSOR'S LAST NAME FIRST

SPONSOR'S ADDRESS

SPONSOR'S SIGNATURE DATE  
WHITE Head Office YELLOW General Manager

DATE CERTIFIED BY (G.M.)  
BLUE Sponsor Pink Distributor