



## Member Application Form International

### Contact Details

First name:	Company name:
Surname:	GST Number:
Shipping address:	
Suburb:	City: <span style="float: right;">Post code:</span>
Postal address:	
Suburb:	City: <span style="float: right;">Post code:</span>
Phone:	Mobile:
Email:	Skype name:
Agel User ID:	Setup password:

Team Member Enrolment	Bank details for Commission payments	
Enrolment: Fee = \$35 USD	Bank:	SWIFT code:
<input type="checkbox"/> Executive Level = \$1000* USD	Branch:	
<input type="checkbox"/> Personal Level = \$250* USD	Account number:	

\*Approximate price based on quantity of each product ordered – taxes not included

### Payment by credit card

Card type (please tick):		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex
Card number:	Expiry date: /	Security code: <small>(3 or 4 digits on front or back of card)</small>
Signature:		

First product order		Subsequent monthly order via Agel Autoship	
Product	Quantity	Product	Quantity
EXO		EXO	
MIN		MIN	
FIT		FIT	
OHM		OHM	
UMI		UMI	
FLX		FLX	
PRO		PRO	
HRT		HRT	
Ageless		Ageless	
L-Arginine		L-Arginine	

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

1<sup>st</sup>  
  5<sup>th</sup>  
  10<sup>th</sup>  
  15<sup>th</sup>  
  20<sup>th</sup>  
  25<sup>th</sup>

Please Note: Not all products available in all markets

Sponsors Name:	Placement:
Agel ID:	<input type="checkbox"/> Left Leg <input type="checkbox"/> Right Leg