



New Zealand Member Application Form

Contact Details

First name:	Company name:	
Surname:	GST Number:	
Shipping address:		
Suburb:	City:	Post code:
Postal address:		
Suburb:	City:	Post code:
Phone:	Mobile:	
Email:	Skype name:	
Agel User ID:	Setup password:	

Team Member Enrolment	Bank details for Commission payments	
Enrolment: Fee = \$50 NZD	Bank:	SWIFT code:
<input type="checkbox"/> Executive Level = \$1850* NZD	Branch:	
<input type="checkbox"/> Personal Level = \$450* NZD	Account number:	

*Approximate price based on quantity of each product ordered

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: (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		EXO \$97 + gst	
FIT		FIT \$97 + gst	
FLX		FLX \$120 + gst	
MIN		MIN \$97 + gst	
UMI		UMI \$120 + gst	
Ageless		Ageless \$380 + 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:	<input type="checkbox"/> Left Leg <input type="checkbox"/> Right Leg