

LR Health & Beauty Systems Pty Limited

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ACN 110 998 831 ABN 62110998831



HEALTH & BEAUTY SYSTEMS

Partner Agreement Form

Office use only
30 /
Partner I.D. No.

Partner's Information (Please complete all sections): Please print clearly

Mr Mrs Ms Team DR Company

day month year

Surname First Name → Date of Birth

Surname Team Partner First Name Team Partner → Date of Birth

Business Name (if applic.) _____

Invoice address

Delivery address if different to Invoice address

House Number _____

House Number _____

Street _____

Street _____

Suburb _____

Suburb _____

State _____

State _____

Post Code _____

Post Code _____

Country _____

Country _____

Ph.No. (Home) Area Code _____ No. _____

Ph.No. (Office) Area Code _____ No. _____

Ph.No. (Mobile) _____

Ph.No. (Mobile) _____

Fax No. (if Applic) _____

Fax No. (if Applic) _____

Email _____

Email _____

This Agreement Form will not be accepted if this section is not completed and signed.

I/We advise that I/we operate our LR Health & Beauty Systems Pty Ltd Partnership as a hobby, or the supply is of a private nature and not as a business. **OR**

I/We have registered and received an **ABN** and are including the number to be placed on our records accordingly. ↴

Are you registered for GST? Please tick → Yes No **ABN (if registered)** _____

I/We will notify LR Health & Beauty Systems Pty Ltd of any change in the above status.

Signature of Partner(s) _____ **Date** _____

I agree that my personal information whether contained in this form or otherwise provided by me to LR Health & Beauty Systems Pty Ltd can be passed to LR Health & Beauty Systems GmbH and to the sponsor that has introduced me to LR Health & Beauty Systems Pty Ltd. LR Health & Beauty Systems Pty Ltd will only supply or sell its products on the terms and conditions stated on the reverse of this form. The Consultant confirms that he/she has read and accepted these terms and conditions by signing this form.

My signature below indicates that I have read and accepted all the terms and conditions overleaf. I confirm that I am over 18 years of age.

Place / Date Signature of Partner I Signature of Team Partner

Accepted on behalf of the Company _____ Date _____

Sponsor Name Trevor & Annie Boulton Sponsor I.D.No. 36080

Confirmation of Sponsor: I am the Partner's Sponsor and as such commit to support him/her in his/her sales activities. I have notified the Partner/s of the importance of attending a Starter Seminar. The date of the next Starter Seminar has been agreed and I will attend this meeting with my new Partner.

Trevor Boulton

Place / Date Signature of Sponsor