



NEW ZEALAND
ESSENTIAL LIFE SCIENCES

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Preferred Customer

Associate

ASSOCIATE APPLICATION AND AGREEMENT

Presented by

An Independent Associate

Enrollment

Status Change

DATE: _____

APPLICANT INFORMATION

IRD No. (required for Associates):			Date of Application:		
Last Name:	First Name:	Initial:	Telephone (required):		
Business Name:			Business Telephone:		
Address:			Facsimile Number:		
Suburb:	City:	Postcode:	E-mail Address:		

SPONSOR INFORMATION

Sponsor's ID:		
Name:		
Business Name:		
Address:		
Suburb:	City:	Postcode:
Sponsor's Telephone (required):		

ENROLLER INFORMATION

Enroller's ID:		
Name:		
Business Name:		
Address:		
Suburb:	City:	Postcode:
Enroller's Telephone (required):		

PAYMENT

CHEQUE INFORMATION

Name on Cheque:
Cheque Number:
Bank Name:

CREDIT CARD INFORMATION

Credit Card Number:	Expiration Date:
Name of Card Holder as it appears on credit card:	
Billing Address if different from above:	

I, the undersigned, have read the reverse side of this application and agree to abide by these as well as all of the Youngevity® Policies and Procedures. I understand and will accept the consequences of violation of the Youngevity® Policies and Procedures. I, the undersigned, hereby authorize Youngevity® to charge my credit card specified above in the amount of \$13.00

Signature:

For Office Use Only