

P.O. Box 3410 Narellan D.C., NSW 2567 Australia Phone: +61 2 46486100 Fax: +61 2 46486166 distributors@lemoor.com.au

Distributor Application Form - Please fill out clearly and completely using block letters; * denotes required information

Sponsor Information*	Distribu	utor Placement*	Please note that distributor placement is final and subject to
Name:ID#:	Place Ur	nder ID#:	
Signature:	O Left L	_eg O Right Leg	the LeMoor™ policies and proceedures.
New Distributor Information			
IMPORTANT: This original form is required to weeks from the day your LeMoor™ distribution services. If this original form is not received you	itorship account is	initiated to ensure ι	uninterupted distributor
Primary Applicant	Seconda	ary Applicant	
Name*	Name		
Phone*	Phone		
Fax	Fax		
E-mail*	E-mail		
Company Details	·		
Company Name			
ABN# or IRD#			O GST Registered
Primary Mailing Address - State/Province; Post Code required for Australia			
Address*			
State/Province	Post Code	Country* O A	ustralia O New Zealand
Shipping Information - State/Province; Post Co	de required for Austr	alia	
O Same as Primary Mailing Address Address*			
State/Province	Post Code	Country* OA	ustralia O New Zealand
ovment Details - De not cond Cook! Charve	and Manay Orde	ana manat kan in ALID an	
ayment Details - Do not send Cash! Cheque			
A LeMoor™ Independent Distributorship is AUD or cancel your membership at any time. LeMoo the wholesale price and take part in the DWG® DWG® Independent Distributorship Terms and denotes your agreement to abide by all require O Bank Card O Master Card O Visa	or™ distributors hav Compensation Plate Conditions which y ments contained th	ve the right to purchas an. A DWG® Distribut our signature on this c nerein.	e Lemoor™ products at orship is subject to the document and payment
Name on Card:		_Expiry Date:	
Card Number:			
Signature:		on the back of your credit of	the last three digits of the number card, or the four digit number on rd above your AMEX card numbe