

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 Dana Cihelka Sponsor I.D.No. 30-32 743

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.

Place / Date _____ Signature of Sponsor *Cihelka Dana*