

DXN International (AUS) Pty Ltd. A.B.N. 66 087 278 831

GROUP STOCKITS APPLICATION FORM

APPLICANT INFORMATION

Name : _____

Member Code: _____

Residence Address: _____

Phone/ Mobile # : _____ Fax _____

Email Address: _____

GROUP STOCKIST LOCATION INFORMATION (if different from above)

Centre Address: _____

Phone/ Mobile # : _____ Fax _____

Email Address: _____

I understand that this appointment and its continuity rely on my integrity as a supplier of goods and services to my customers, and my observance of the relevant procedures required of Stockist.

I undertake to assist members with accurate information in response to their enquiries, to ensure the products are kept by me in a saleable condition, and to report sales online on the day of the sale, where possible.

I undertake not to alter prices from the set DXN Price List.

RECOMMENDED BY:

UPLINE STAR DIAMOND NAME: _____

MEMBER CODE : _____

PHONE/ MOBILE#: _____ FAX #: _____

SIGNATURE OF APPLICANT

APPROVED BY:

Print Name and Signature

Print Name and Signature

Date:

Date:

Checked by:

date:

Reviewed by:

date: