LR Health & Beauty Systems Pty Limited
Aerolink Business Park - 1&2/85-91 Keilor Park Drive, Tullamarine 3043 Victoria Australia
Tel 03 9310 5166 Fax 03 9310 5177 Email: order.au@LRworld.com / www.LRworld.com
ACN 110 998 831 ABN 62110998831

Partner Agreement Form

Office use only

30 / _____

Partner I.D. No.

HEALTH & BEAUTY SYSTEMS

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

☐ Mr ☐ Mrs ☐ Ms ☐ Team ☐ DR ☐ Company

Surname _____ **First Name** _____ → **Date of Birth** (day / month / year) _____

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 _____ Sponsor I.D.No. _____

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 _____