LR Health & Beauty Systems Pty Limited
Aerolink Business Park - 1&2/85-91 Keilor Park Drive, Tullamarine 3043 Victoria Australia
ACN 110 998 831, ABN 62110998831 Phone 03 9310 5166, Fax 03 9310 5177
LR Health & Beauty Systems New Zealand Branch
P.O. Box 79-423 Royal Heights, Auckland NZ 0614
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HEALTH & BEAUTY SYSTEMS

Partner Agreement Form

Office use only

31 / _____

Partner I.D. No.

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	
Town/City		Town/City	
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	

Are you registered for GST? YES ☐ NO ☐ if YES, GST Number: _____

I agree that my personal information whether contained in this form or otherwise provided by me to LR Health & Beauty Systems Pty Ltd and LR Health & Beauty Systems New Zealand 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 and LR Health & Beauty Systems New Zealand 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 _____