

FOREVER LIVING PRODUCTS

AUSTRALIA PTY. LTD.

ABN 18 008 583 864



P.O. Box 3966
Parramatta NSW 2124
Phone: (02) 9635 3011
Facsimile: (02) 9635 3563

DISTRIBUTOR APPLICATION

I hereby apply to become an Independent Distributor of Forever Living Products Australia Pty. Limited. (Please Print in Ink or Type)

_____	_____	_____	_____
FIRST NAME	MIDDLE	SURNAME / FAMILY NAME	DR NUMBER (OFFICE USE ONLY)

_____	_____	_____	
SPOUSE'S FIRST NAME	MIDDLE	SURNAME / FAMILY NAME	

_____	_____
STREET ADDRESS	PHONE NUMBER

_____	_____	_____
SUBURB OR TOWN	STATE	POSTCODE

YOUR ABN (IF APPLICABLE) _____ YES To get started in my Business.
I would like to purchase a
Touch of Forever "Combo" Pack

ARE YOU REGISTERED FOR GST? YES NO

TERMS OF APPOINTMENT

Outlined below is the basis upon which Forever Living Products Australia Pty. Limited (the Company) has appointed you as a non-exclusive authorised Distributor for the sale of the Company's products.

- The Company will supply merchandise in quantities which you feel you will be able to sell as the Company's independent Distributor through the medium of promotion (which is already known to you) offered by the Company.
- The Company will issue a Distributor Order Form setting out the quantity and description of the merchandise supplied to you and the company shall supply the recommended retail price at which the merchandise is to be sold and the amount of profit percentage which may be earned by you.
- On receipt of the Distributor Order Form you must immediately pay the Distributor price as set out on the current Distributor Order Form. Upon the retail sale of the products you will be entitled to retain the amount equal to the Distributor price paid on the products plus the amount of profit percentage earned by you in respect of the sale.
- You have received and read FLP's "Company Policies". You agree to operate your business in accordance with these Company Policies, Procedures and Marketing Plan, and acknowledge that such Company Policies are from time to time revised, modified or added to at the total discretion of Forever Living Products Australia Pty Ltd and that you have no recourse or waiver against same.
- You acknowledge that your non-exclusive Distributor rights are limited to the purchase and retail sale of the Company's products. You do not act as an agent of the Company and have no authority to bind the Company in any manner whatsoever.
- You may terminate your Independent Distributor Rights with the Company at any time by notice in writing, in accordance with the Terms in the Company Policy Document.
- Your relationship with the Company is that of principle and independent contractor and not as principle/agent, employer/employee or partner. You recognise and accept you will be responsible for compliance with all Federal, State and Local Statutes and Regulations including but not limiting those relating to licensing and taxation.
- Distributor must be 18 years of age or older and you confirm this.
- This application will constitute a binding agreement between yourself and Forever Living Products Australia Pty Ltd (FLP). When it is received and approved by FLP's Head Office.
- You agree to properly represent the Company Products and it's Marketing Plan. ALL forms of advertising including but not limited to audio, visual tapes and printed material MUST be submitted to the Company and approved in writing prior to use.
- Forever Living Products will issue Bonus Recap Statements (otherwise known as Recipient Created Tax Invoices) and Bonus Payments in the normal manner as described in the Forever Living Products Company Policy document.
- The Distributor will not issue Tax Invoices in respect of the Bonus Payments.
- The Distributor certifies that their ABN and GST Registration is valid at the time of giving this advice and that they will notify Forever Living Products immediately upon any changes to their ABN and GST Registration status.
- Forever Living Products certifies that it has a valid ABN, and is registered for GST, and will notify the distributor upon any changes to their status.

_____	_____	_____	_____
SIGNATURE OF APPLICANT	DATE	SIGNATURE OF APPLICANT'S SPOUSE	DATE

<u>MALCOLM</u>	<u>GEORGE</u>	<u>PATTEN</u>	<u>440000020823</u>
SPONSOR'S FIRST NAME	MIDDLE	SURNAME / FAMILY NAME	DR NUMBER

<u>17 LOCK CLOSE</u>	<u>STRATTON</u>	<u>UPON AVON</u>	<u>WARRS</u>	<u>CV376GF</u>
STREET ADDRESS	SUBURB OR TOWN		STATE	POSTCODE

<u>[Signature]</u>	<u>2010</u>
SPONSOR'S SIGNATURE	DATE