

Enrolments and phone orders: AUS 1800 07 33 99, NZ 0800 08 33 99 • Fax: AUS 1800 55 11 90, NZ 0800 55 11 90 • Mail: Locked Bag 2080, Somerton VIC 3062, Australia

## 1. PREFERRED CUSTOMER MEMBERSHIP (Please print clearly)

### Please enrol me as a

- Preferred Customer at 35 Product Points.** I commit to purchase 35 Product Points each month. I'll receive 30% to 40% off the regular price of Melaleuca products and participate in the Melaleuca Advantage Dollars program.
- Preferred Customer at 55 Product Points.** I commit to purchase 55 Product Points each month. I'll receive 30% to 40% off the regular price of Melaleuca products and participate in the Melaleuca Advantage Dollars program.
- Direct Customer.** I'll pay the regular price for Melaleuca products.

### Choose the Preferred Customer Backup Order that fits your needs

- Select Pack**—choose your own products (Complete the 'Select Pack' overleaf)
- Daily for Life® Pack (35 PP)**—AU\$99.95/NZ\$114.95  Men's formula  Women's formula
- #1—35 PP Backup Order**—AU\$110.00/NZ\$126.50
- #2—55 PP Backup Order**—AU\$165.00/NZ\$189.00 Initial here to acknowledge your selection.

If you're away on vacation or business, don't meet your Product Point commitment, or just forget to place your order, the Backup Order will be sent automatically, assuring that you meet your Product Point commitment and that you receive all Preferred Customer savings and benefits. If no box is selected Preferred Customers will automatically receive either Backup Order #1 or #2 depending on their product point commitment. Ask your enroller about your Product Point commitment level. Shipping and handling is not included in the prices listed.



Email my ExpressLink order reminder on the \_\_\_\_ (day\*) of each month and allow me to schedule future orders! (\*between 1st-15th)

## 2. CUSTOMER INFORMATION

FIRST NAME	INITIAL	LAST NAME	BIRTHDATE	Day	Month	Year
SPOUSE'S FIRST NAME (If spouse is also an applicant)		INITIAL	HOME PHONE NUMBER			
SHIPPING ADDRESS (For mailing of information, materials & products)		LAST NAME	BUSINESS PHONE NUMBER			
CITY/TOWN	STATE (Aus only)	POSTCODE	MOBILE PHONE NUMBER			
COUNTRY (Please circle one)	EMAIL ADDRESS (Inform me about Melaleuca news, business updates and the latest information on products and services.)		FAX NUMBER			
AUSTRALIA / NEW ZEALAND						

AU\$45/NZ\$45 Enrolment Fee. If you are also submitting an Independent Marketing Executive Application and Agreement (IMEA), your Customer enrolment fee is included in the \$49 IMEA fee.  BILL MY ACCOUNT (as below) FOR THE AMOUNT \$ \_\_\_\_\_

## 3. NEW CUSTOMER PAYMENT DETAILS (For your ordering convenience, place your banking or credit card account information on file with us.)

To protect your Preferred Customer status, please provide two methods of payment. At least one method of payment is required. **All account information must be in the name of the new Customer.**

### CREDIT CARD INFORMATION

- Primary method of payment  Secondary method of payment
- VISA  MASTERCARD

ACCOUNT NUMBER:

EXPIRES (mo/yr):

CARD HOLDER NAME \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### AUSTRALIAN DIRECT DEBIT REQUEST Primary method of payment Secondary method of payment

FINANCIAL INSTITUTION	BRANCH	ACCOUNT HOLDER NAME
BSB (BRANCH NUMBER)	ACCOUNT NUMBER	
I/we authorise and request Melaleuca or Melaleuca APCA# 069489 to arrange for funds to be debited from my/our account at the financial institution listed above as prescribed by the Bulk Electronic Clearing System (BECS) or the Electronic Data Service (EDS) as applicable. I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Authority to Accept Direct Debits included in the pages of this Customer Agreement.		
AUTHORIZED SIGNATURE(S)		DATE

### NEW ZEALAND DIRECT DEBIT REQUEST Primary method of payment Secondary method of payment

NAME OF ACCOUNT TO BE DEBITED	BANK BRANCH	TOWN/CITY
BANK	BRANCH	ACCOUNT NUMBER
SUFFIX	0	
I/we authorise you until further notice in writing to debit my/our account with you all amounts which Melaleuca of Australia and New Zealand P/L (hereinafter referred to as the Initiator) the registered initiator of the above Authorisation Code may initiate by Direct Debit. I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form. Information to appear in my/our bank statement:		
AUTHORIZED SIGNATURE(S)		DATE

## 4. SIGNATURE (Required)

**X** APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*(this Agreement is not valid unless signed)*

**X** CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BY SIGNING ABOVE I ACKNOWLEDGE THAT I AM 18 YEARS OF AGE OR OLDER AND I HAVE CAREFULLY READ AND AGREE TO THE MELALEUCA CUSTOMER AGREEMENT TERMS AND CONDITIONS ON THE FRONT AND BACK OF THIS AGREEMENT. I acknowledge that I have been given the opportunity to review and agree to be bound by the terms and conditions of Melaleuca's privacy statement and Statement of Policies. By signing below, I am offering to become a Melaleuca Customer. I acknowledge that this agreement will not become effective until it is accepted by Melaleuca. **I may cancel this Agreement for any reason by giving written notice to Melaleuca bearing my original signature, printed name, address and ID Number.** See Termination provision on the back of this agreement for details.

### Enroller use only

#### 5a. LEAD/ENROLLER (Person who introduced new customer to Melaleuca)

NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

International Enrolment. My enroller is from the following country: \_\_\_\_\_

#### 5b. PRESENTATION BY (Person who presented the Melaleuca opportunity)

NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_

I affirm that the presentation was done by the person listed in this section.  
ENROLLER'S INITIALS \_\_\_\_\_

#### 5c. IMMEDIATE SUPPORT TEAM MARKETING EXECUTIVE

NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

